CAREWare v5.0, build 713

New User Training Module

for Part B

Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services
Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Updated 4/12/13

Basics

What is CAREWare?

- CAREWare is a free HIV data system developed by the Health Resources and Services Administration (HRSA) for organizations funded by what used to be known as the Ryan White CARE Act.
- CAREWare was created for the purpose of generating the annual Ryan White Services Report (RSR) to HRSA.
- CAREWare has been adapted to include case notes and other features that make it worth using for purposes other than generating the RSR.

Why do we use CAREWare?

- CAREWare allows us the ability to link the HIV case management data in the state, to get an unduplicated count of clients and services in Maine.
- By having all Ryan White providers in the state using the same system, we will be able to generate more accurate reports on people living with HIV in Maine who are in care and/or case management, including clinical and social services data.
- This allows Part B and Part C organizations to share information (**<u>with appropriate releases</u>**) on the clients they have in common – case managers can view lab results entered by the Part C medical provider or Part C providers can see how alternative therapy funds were spent by the Part B programs they fund.

How is data shared?

- We are able to set up certain user permissions, to reduce the risk of accidentally editing or deleting important data. Access to certain data can also be restricted.
- Providers serving the same client will automatically see shared demographic data.
- Providers serving the same client must request permission to view service and/or clinical data. The other provider has to grant the request before data is shared. **Permission should only be granted if a release is on file.**
- Data sharing can be turned off after it is granted.
- Case notes will never be shared among providers.

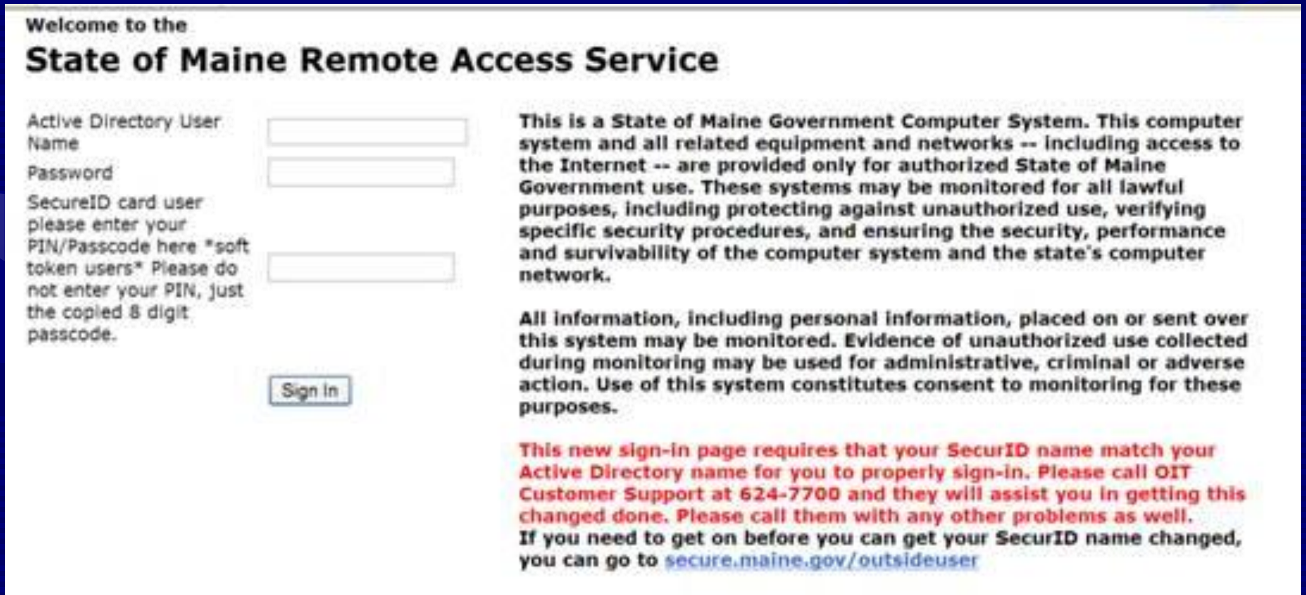
Accessing CAREWare

- In order to access CAREWare, you must have a SecurID card from the state. Before proceeding with this training, please make sure that you have submitted the appropriate paperwork and have received and activated your SecurID card.
- Once you have a SecurID, you will need a CAREWare user account. If one has not been created for you, please contact the Database Administrator.
- Database Administrator: Tara Thomas
  287-5199
  tara.thomas@maine.gov

Logging In

State Server

- You should have an icon on your desktop labeled “CAREWare Server Connection.” Double click on this icon.
  - If you don’t have the shortcut, just go to this web site: https://secure.maine.gov
- A web site that looks like the graphic below will open:



State Server, cont.

Enter the username you were assigned for your SecurID

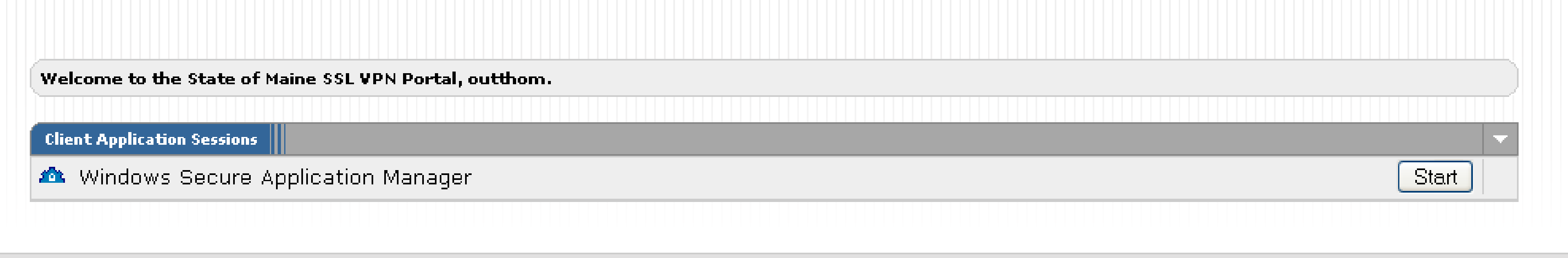
Enter the password you were assigned for your SecurID

Enter the 4-digit PIN you were assigned when you activated your SecurID, followed by the numbers displayed on the SecurID card at that moment
(no spaces)

Click the “Sign In” button

State Server, cont.

You will go to a web page that looks like the graphic below:



Click the button labeled "Start"

State Server, cont.

You will notice a small connection icon in your task bar, near the clock:

Minimize your web browser by clicking the minus sign in the upper right corner of your screen: 

Logging in to CAREWare

Back on your desktop, double click the icon labeled "Run RW CAREWare 4.1." You will be taken to the CAREWare login screen:

When you log in to CAREWare, you will need to enter your CAREWare username and CAREWare password, which expires every 90 days.

CAREWare Passwords

- Must be alphanumeric (letters <u>and</u> at least two non-letters) and 8 characters long.
- Expire every 90 days; you may alternate between two different passwords.
- If you lose your password, only the Database Administrator can reset it for you, so it is **very important** that you keep a written record of your password in a secured location.

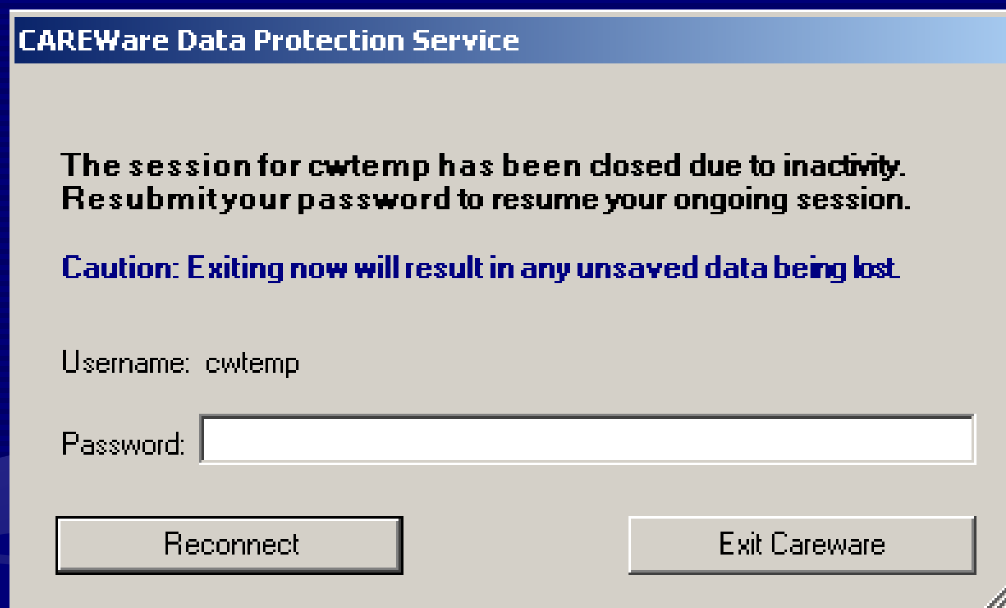
Software Updates

When the system is updated, you will be prompted to update your CAREWare when you log on, by a screen that looks like this:

After updating, you'll be returned to the login screen to login again, now using the latest version.

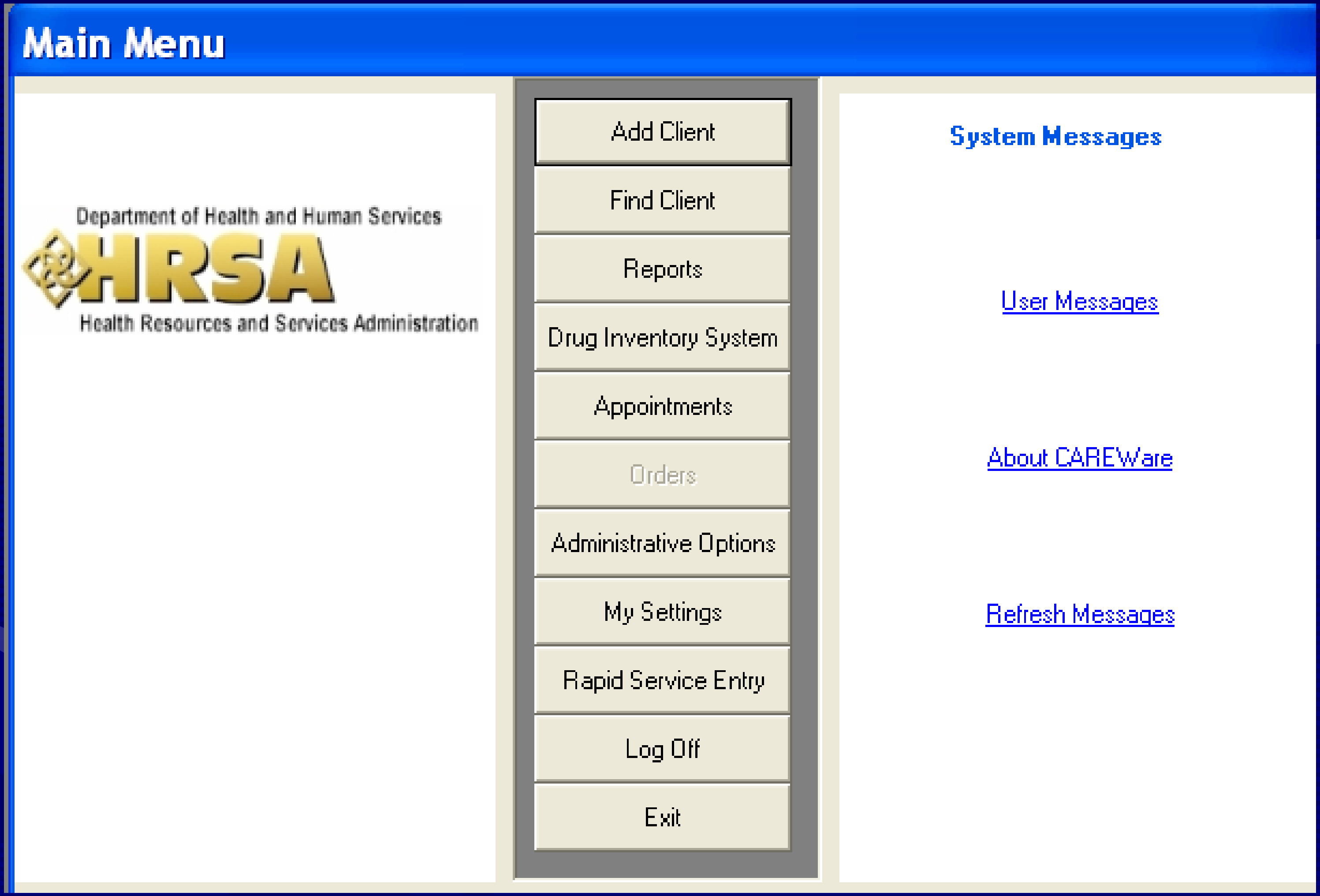
Timeouts

For security reasons once CAREWare is running, your session can only remain inactive for 30 minutes. If you get up from your desk and leave CAREWare running, you'll come back to find this message:



Re-entering your password and clicking **Reconnect** will take you back to the screen you were working on before your session became inactive.

Main Menu

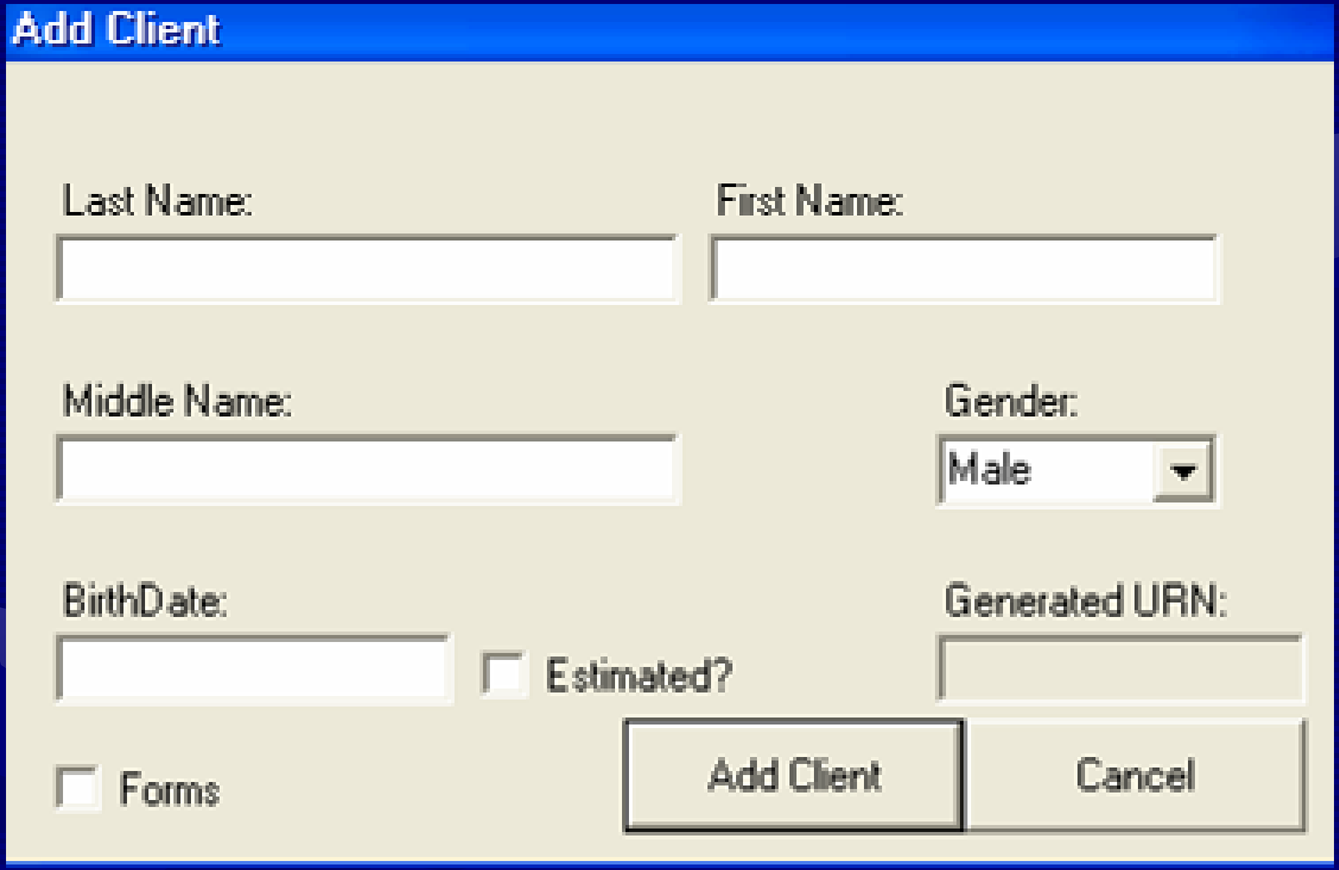

Main Menu
Department of Health and Human Services
HRSA
Health Resources and Services Administration
Add Client
Find Client
Reports
Drug Inventory System
Appointments
Orders
Administrative Options
My Settings
Rapid Service Entry
Log Off
Exit
System Messages
User Messages
About CAREWare
Refresh Messages

Adding Clients

** This permission is restricted to certain users

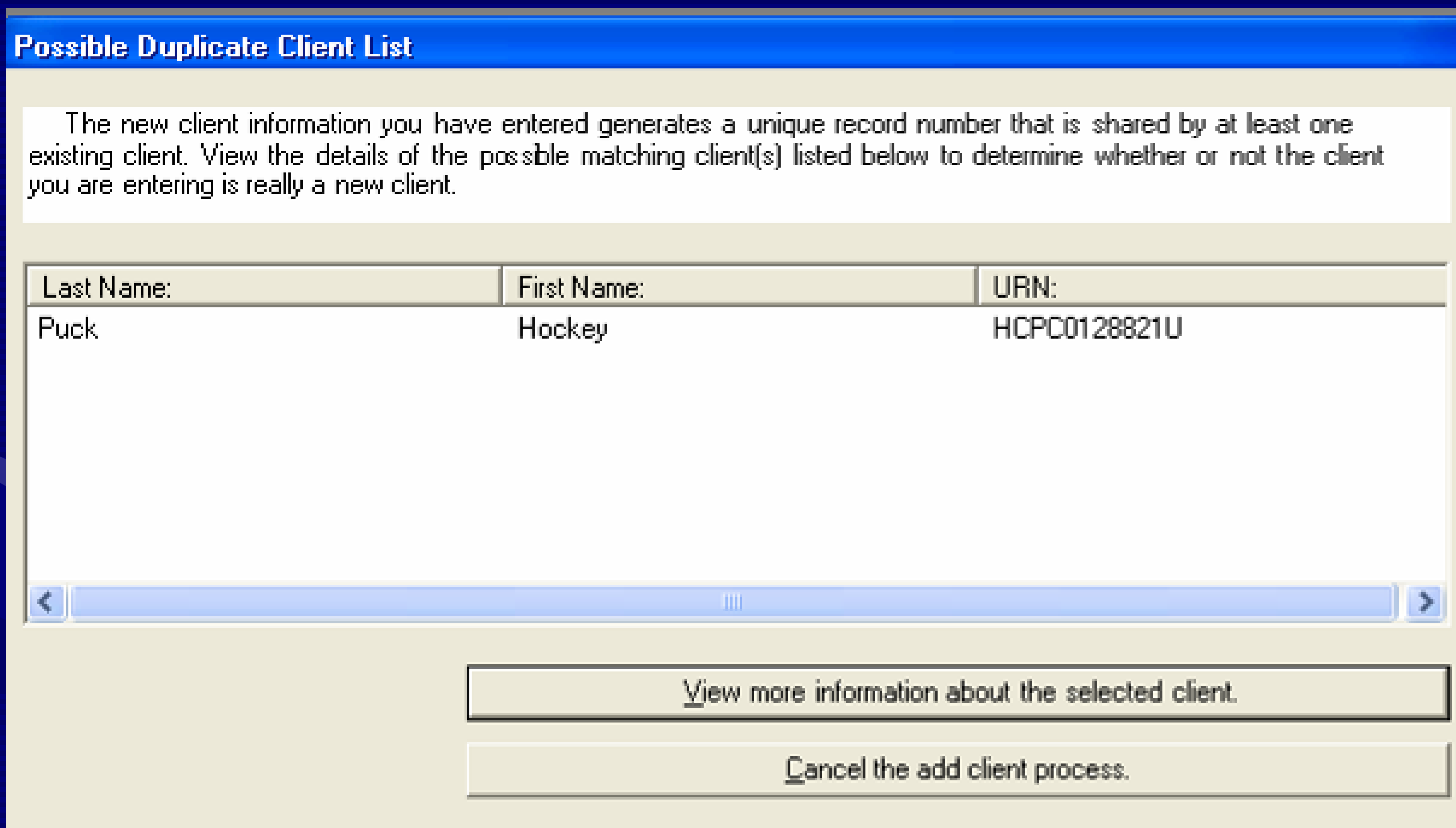
Add Client

Select “Add Client” from the main menu and the following box will appear:

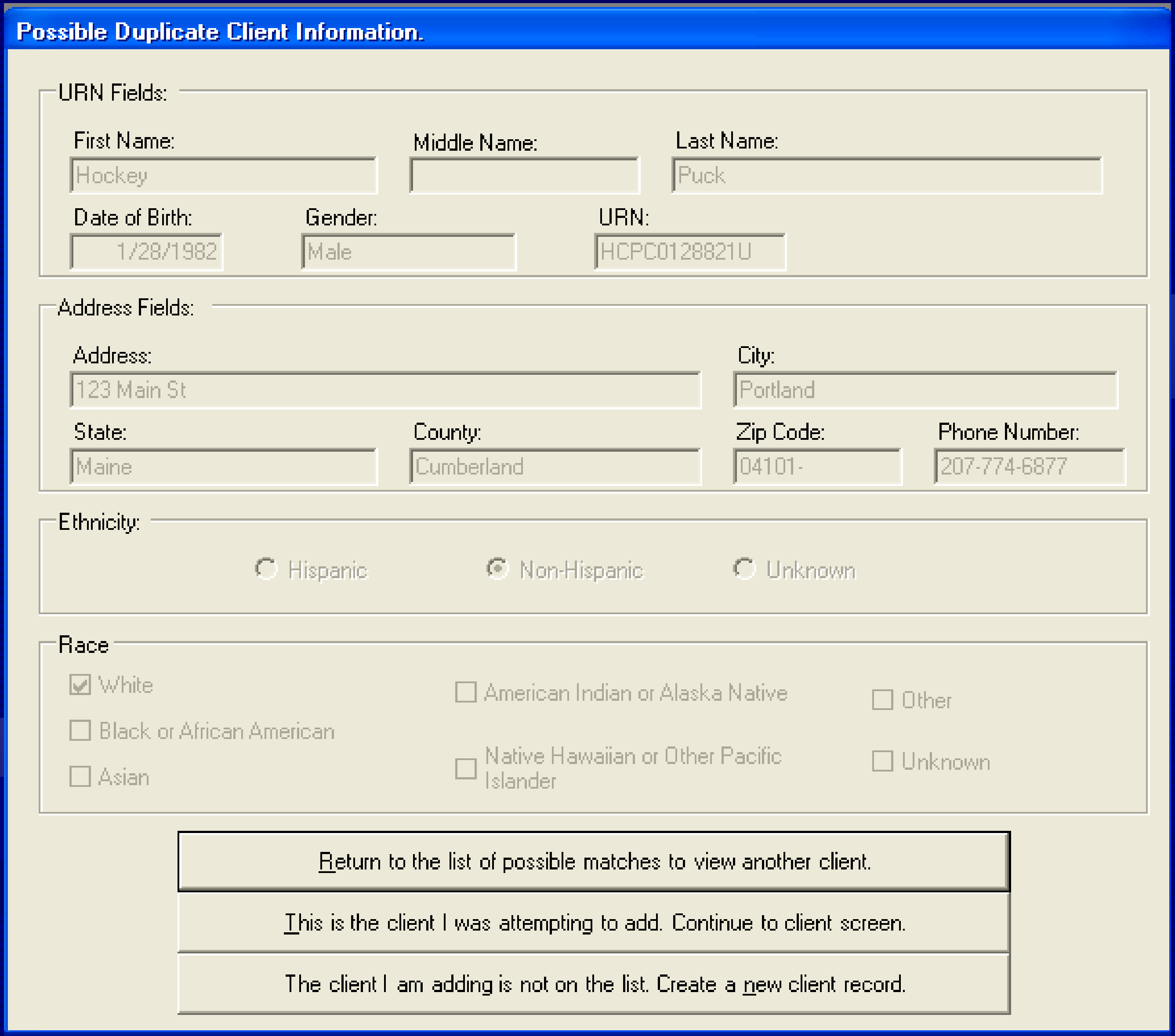


Clients Already in CAREWare

- If the client is already in the system (because he or she received services elsewhere or because the client's name, gender, and birth date closely match another client in the system) a warning box like this will appear:



Viewing More Information



Possible Duplicate Client Information.

URN Fields:

First Name: Hockey
Middle Name:
Last Name: Puck
Date of Birth: 1/28/1982
Gender: Male
URN: HCPC0128821U

Address Fields:

Address: 123 Main St
City: Portland
State: Maine
County: Cumberland
Zip Code: 04101-
Phone Number: 207-774-6877

Ethnicity:

Hispanic
Non-Hispanic
Unknown

Race

White
American Indian or Alaska Native
Other
Black or African American
Native Hawaiian or Other Pacific Islander
Unknown
Asian

Return to the list of possible matches to view another client.

This is the client I was attempting to add. Continue to client screen.

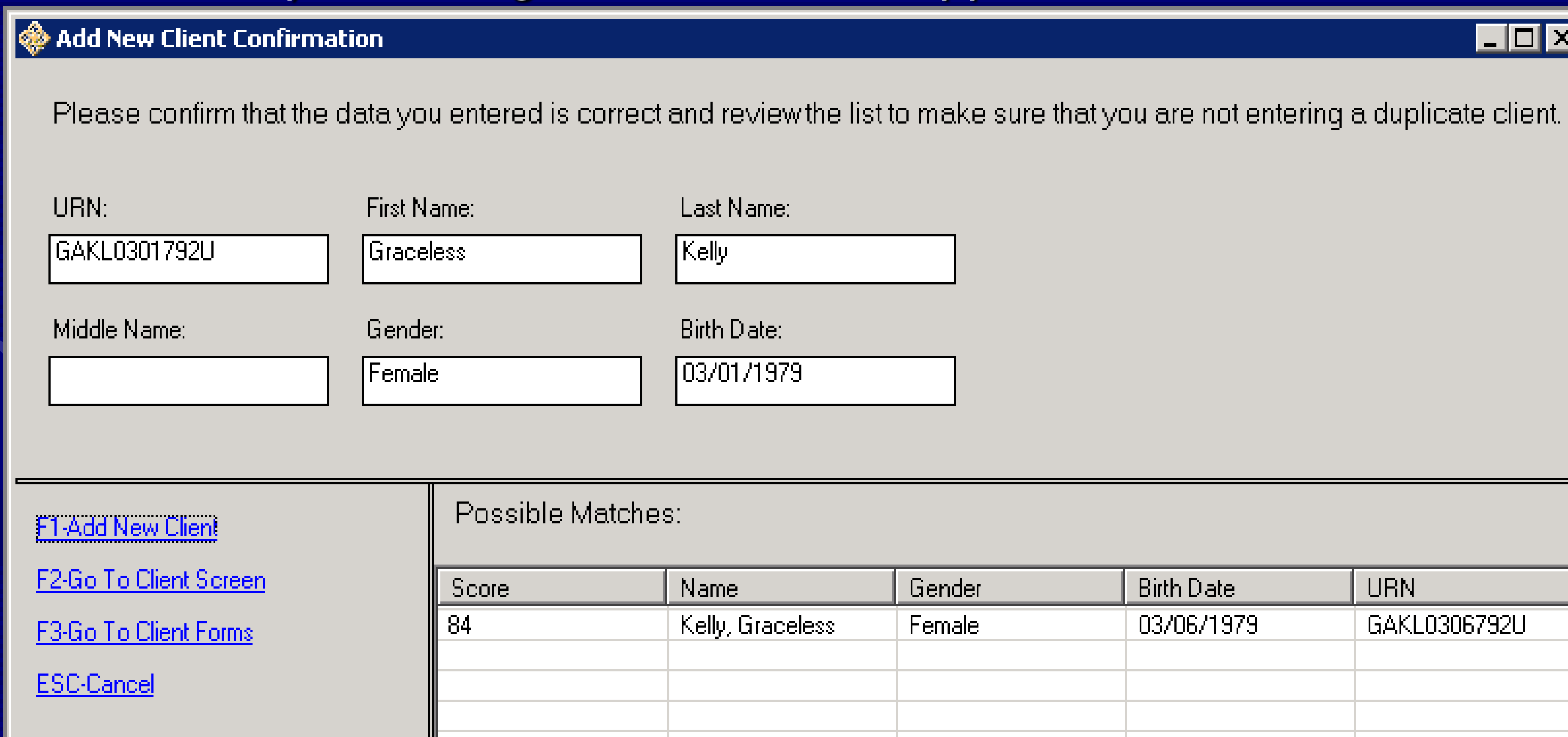
The client I am adding is not on the list. Create a new client record.

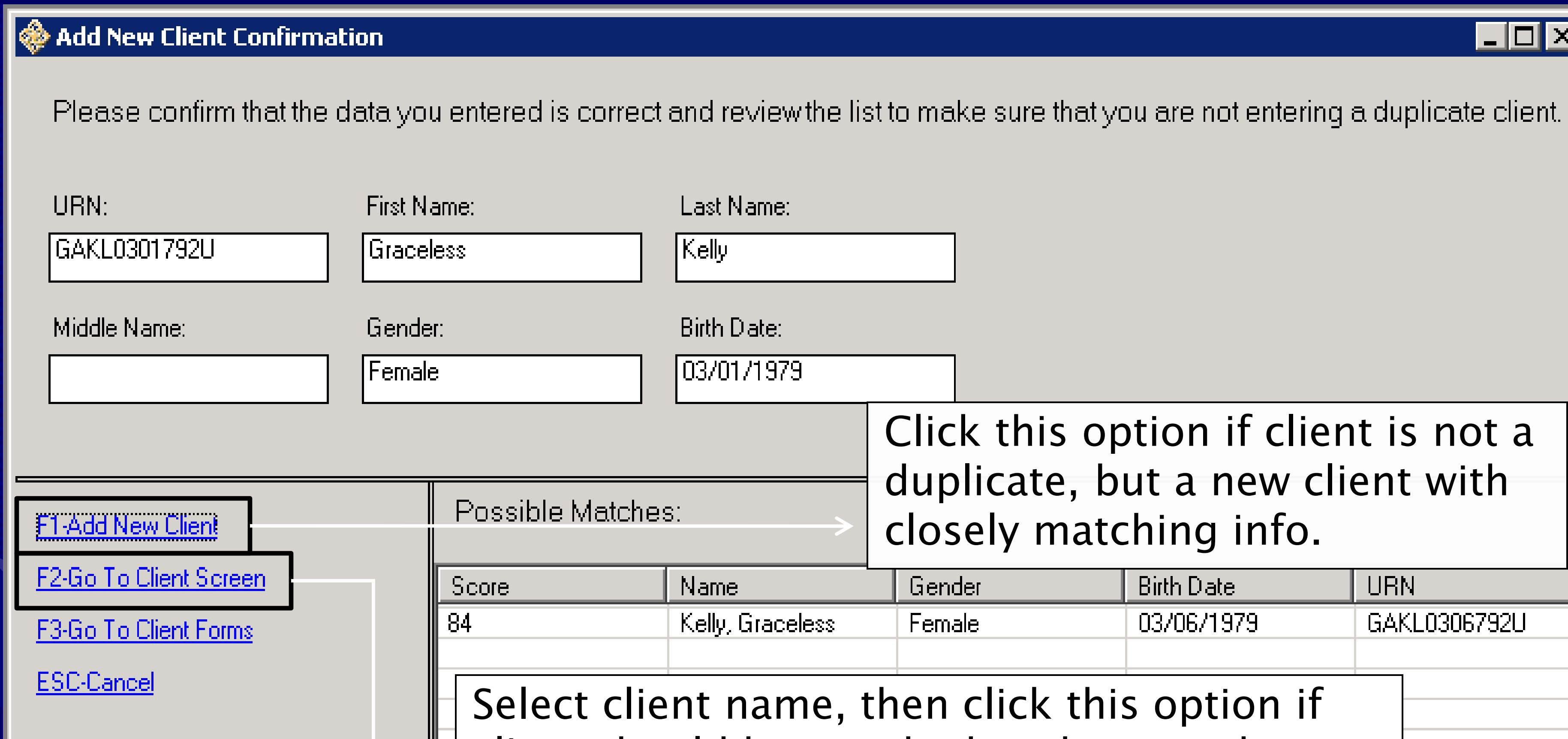
Disclosure Log

- If you view information on a person who is not actually a client of your program, you must log information viewed
- Disclosure log must include:
  - Date info viewed
  - Name of the person identified
  - Description of the information viewed
  - Reason why the information was viewed
  - Name of the person who viewed the information
- The log must be kept in a secure location for 7 years
- The database administrator must also be alerted when such a disclosure has occurred

Clients Already in Your System

- If the client is already in your system (because he or she has been discharged from your services or because the client's name, gender, and birth date closely match another client you served) a warning box like this will appear:





Click this option if client is not a duplicate, but a new client with closely matching info.

Select client name, then click this option if client should be matched to the record already in the system.

Confidentiality

- Adding clients is the only time you can “preview” data on someone in the system who is not already in your provider database
- All users who can add clients have to sign a special confidentiality agreement
- If you view data on someone who <u>is not</u> a client of yours, you must document the incident and notify the database administrator ASAP

Last Names

- Include apostrophes as appropriate
  - Ex. O'Brien
  - not Obrien
- It is very important to do this, because the UCI – the code that determines whether or not a client record is unique in the database (and nationally) can be affected if we are not all entering data the same way

Suffixes

- Always include a comma after the last name
  - Ex. John Smith, III
  - <u>not</u> John Smith III
- Include a period when the suffix is an abbreviation
  - Ex. John Smith, Jr.
  - <u>not</u> John Smith Jr. or John Smith, Jr
- We must enter these data consistently, so that data can be matched appropriately if/when it is imported into the system (from EMRs or other data systems)

Verify Information

- Make certain you are entering the correct date of birth
  - The majority of incorrect duplicates in the system have been created because of incorrect dates of birth
- Make certain you have the correct middle initial
  - Records being imported (from EMRs, etc) may not match up if the middle initials are different

Legal Name

- **<u>Remember to always use the full, legal name</u>**
- You can enter nicknames in the “Common Notes” box

Transgender Subgroup

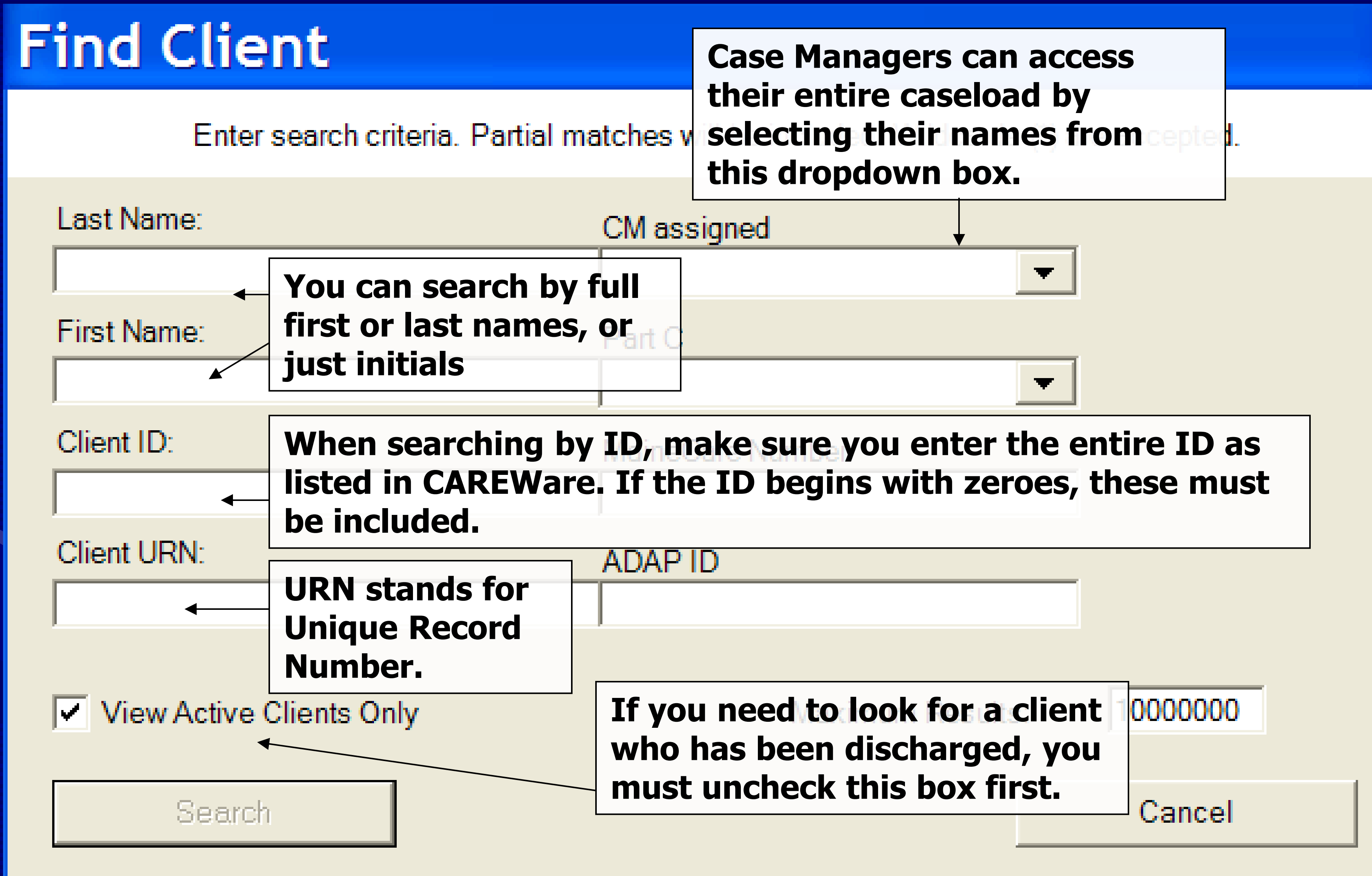
- HRSA asks us to classify transgender individuals as MTF or FTM

Important Data to Remember

- You must enter an enrollment date for all new clients on the Service screen
  - HRSA uses this data to determine if a client is new or not
- Always update the CM assigned and/or Part C on the QA screen

Using CAREWare

Find Client



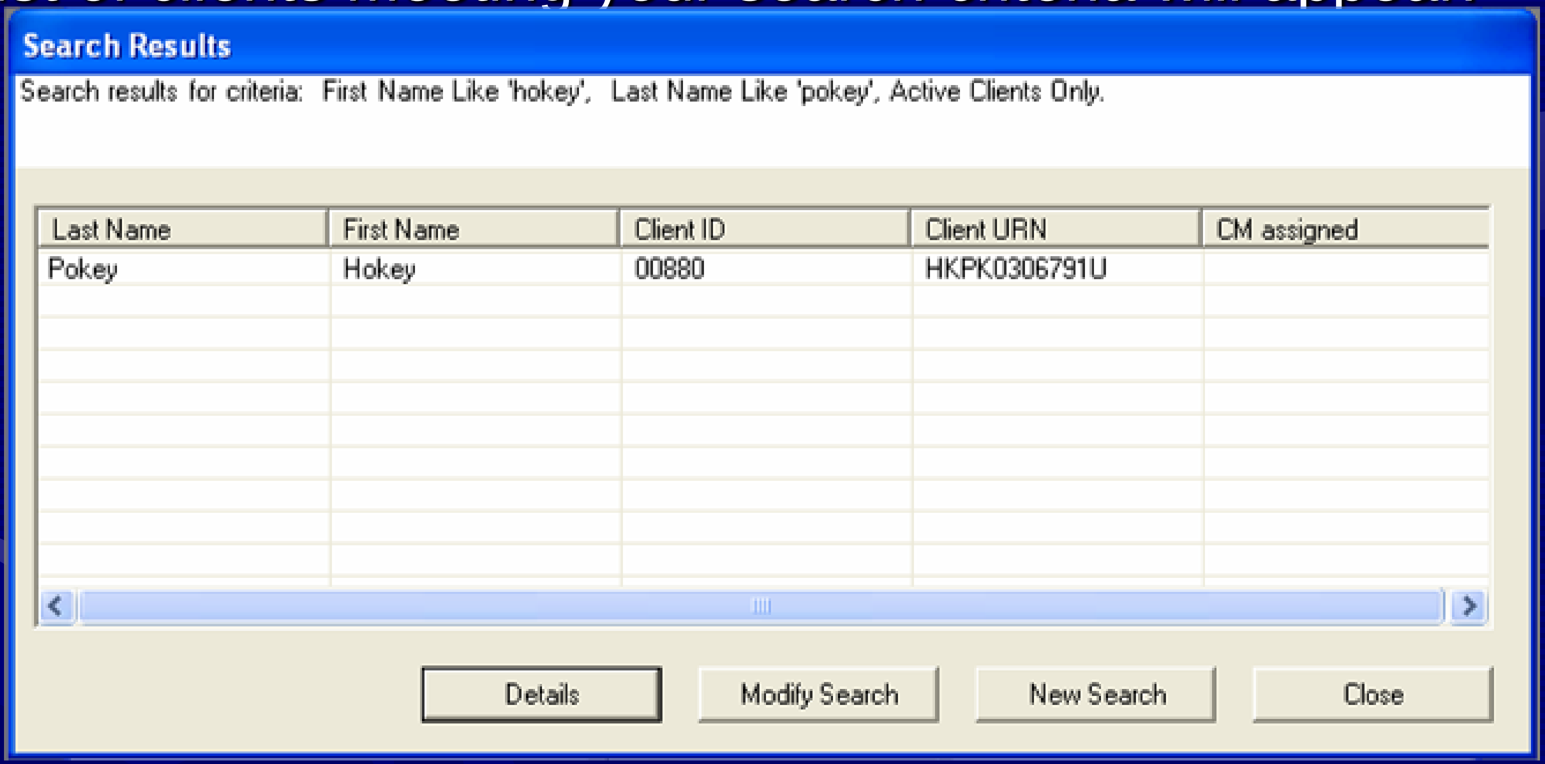
Find Client
Enter search criteria. Partial matches w
cepted.
Case Managers can access their entire caseload by selecting their names from this dropdown box.
Last Name:
CM assigned
You can search by full first or last names, or just initials
First Name:
Client ID:
When searching by ID, make sure you enter the entire ID as listed in CAREWare. If the ID begins with zeroes, these must be included.
Client URN:
ADAP ID
URN stands for Unique Record Number.
View Active Clients Only
If you need to look for a client who has been discharged, you must uncheck this box first.
0000000
Search
Cancel

Known bugs as of 2/15/13

- There is a bug in the upgrade installed 2/15/13 that causes searches by custom fields (like CM assigned, Part C, etc) to malfunction
- The bug also makes it impossible to sort the search results by those custom fields
- You can still reliably search by client ID, ADAP ID, and MaineCare number

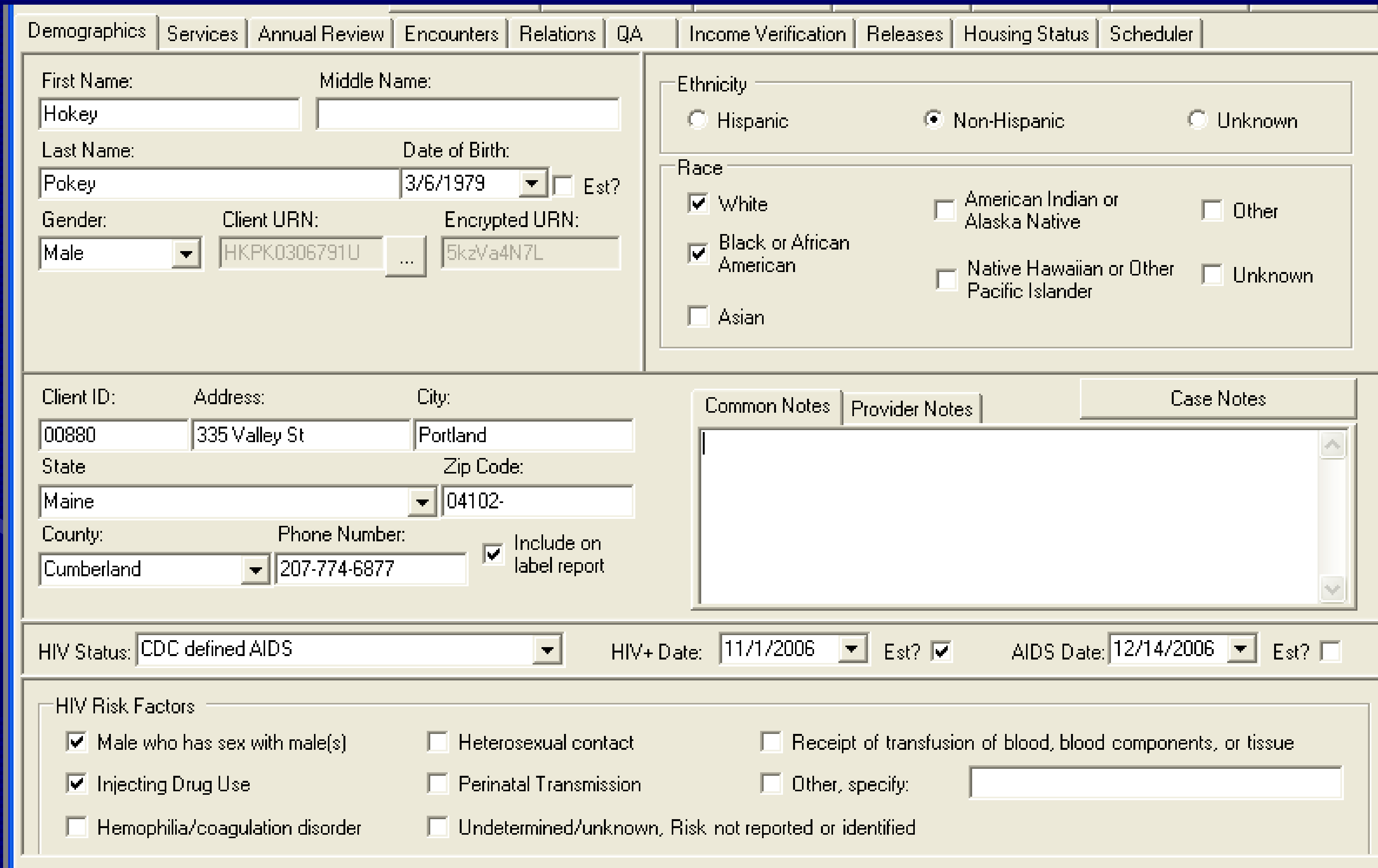
Find Client, cont.

- Once you have entered your search criteria, click the box labeled “Search” or hit the “Enter” button on your keyboard.
- A list of clients meeting your search criteria will appear:

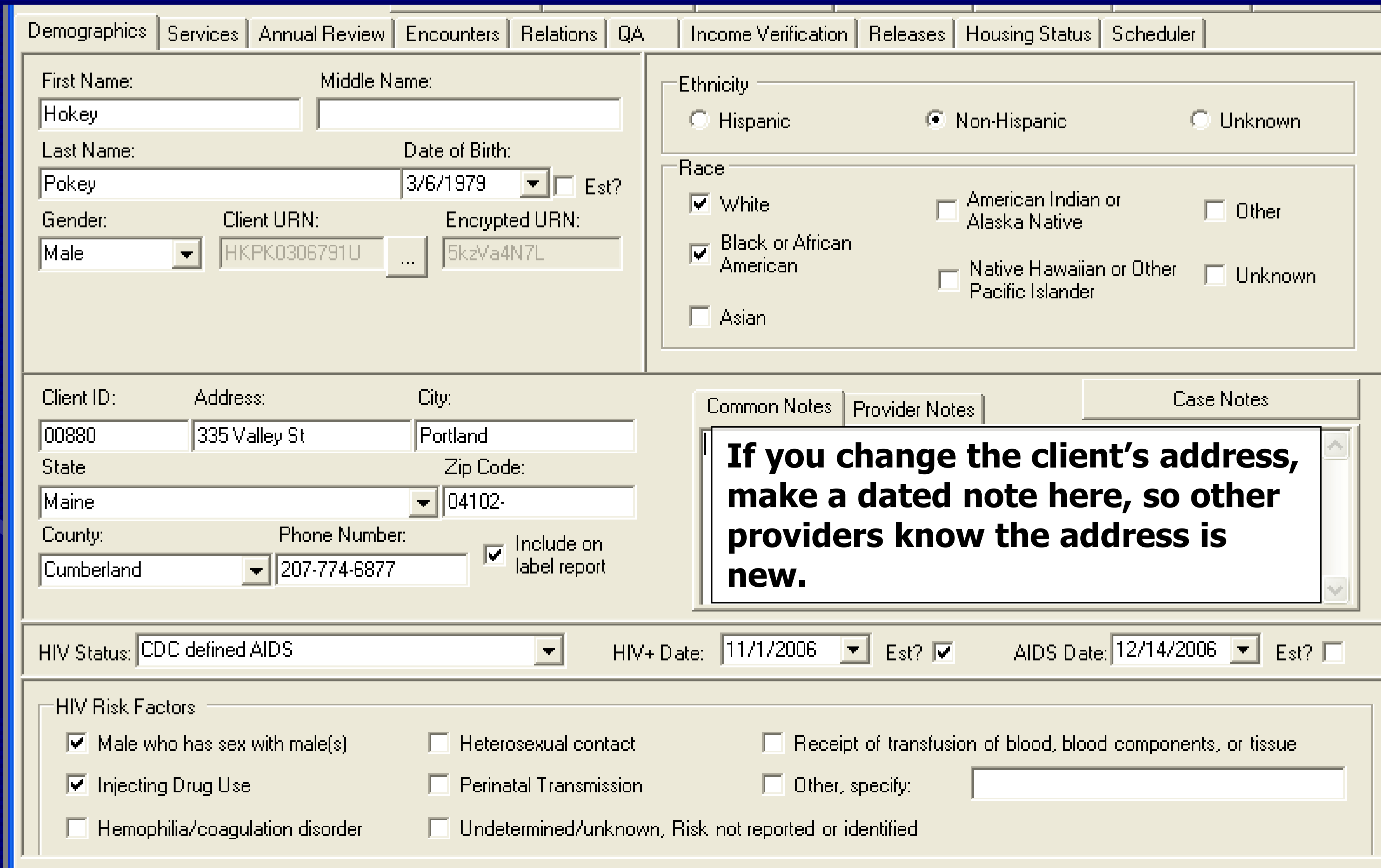


- To open the client’s record, select the client and double click on the client’s name or click the “Details” button. If you want to find someone else, click the “New Search” button.

Demographics



Changes in Contact Info



If you change the client's address, make a dated note here, so other providers know the address is new.

Known bugs as of 2/15/13

- There is a bug in the current build that makes it so anything entered in “Provider Notes” is treated like “Common Notes”
- Do not enter confidential information here
- Do not enter information that cannot/should not be shared with all other providers in the state (i.e. ADAP, HOPWA, MaineCare, etc.)

Demographic fields <u>required</u> for Part B reporting:

- Gender
- Date of Birth
- Ethnicity
- Race
- County and Zip Code
- HIV Status
- HIV Date/AIDS Date
- HIV Risk Factors

Name, Address, Phone

- The name fields should always contain the client's full legal name. If the client has a nickname, please enter that in the large "Common Notes" box on the demographic screen. If a client completes a legal name change, you may change this information directly in CAREWare (as long as your user account has permission to do so). If the client has not legally changed names, put the new name in the "Common Notes" box, as you would a nickname.
- Please update the address and phone number fields as necessary. **If you change your client's address, please make sure you update his or her county information.** You can look up counties by town using this website: www.maine.gov/local
- If the box labeled "Include on label report" has a checkmark in it, the client's name and address will appear on the "Mailing Labels" list from the Reports screen. If you do not want your client's information to appear on this report, do not check the box.

HIV Status and Risk Factors

- The options for HIV status are: HIV-positive, not AIDS; HIV-positive (AIDS status unknown); and CDC-defined AIDS. If you select anything else, the client will be counted as HIV-negative in reporting. In order for a client to meet the CDC definition of AIDS, we must have written verification from a medical provider that the client has an AIDS diagnosis**. If this documentation is not on file (even if you know that the client has an AIDS diagnosis), the HIV status should be set to "HIV-positive, AIDS status unknown."**
- Please note that date of initial HIV diagnosis and AIDS diagnosis should also be entered on this screen. These dates may be estimated.
- HIV risk factors may be updated at any time. Multiple risk factors may be selected.
- If a client states that he or she contracted HIV through heterosexual contact, that client must identify heterosexual contact with an at-risk partner (IDU, MSM, known HIV+), otherwise select "other" and specify "presumed het" in the comment field. Note that a client <u>cannot</u> have both heterosexual (at-risk) and presumed heterosexual risk factors.

Ethnicity and Race

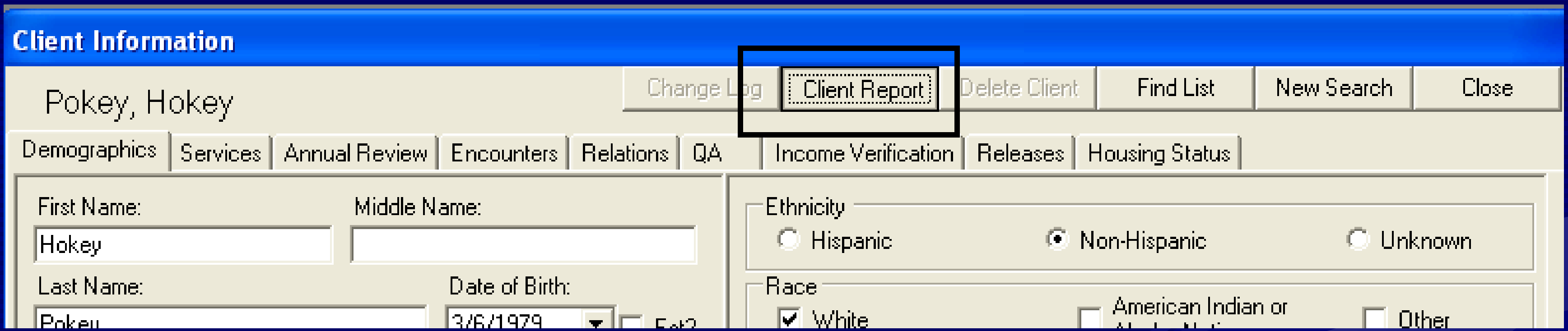
- All clients must have both an Ethnicity and at least one Race selected.
- You may update this information as needed.
- Multiple races may be selected.

Ethnicity and Race

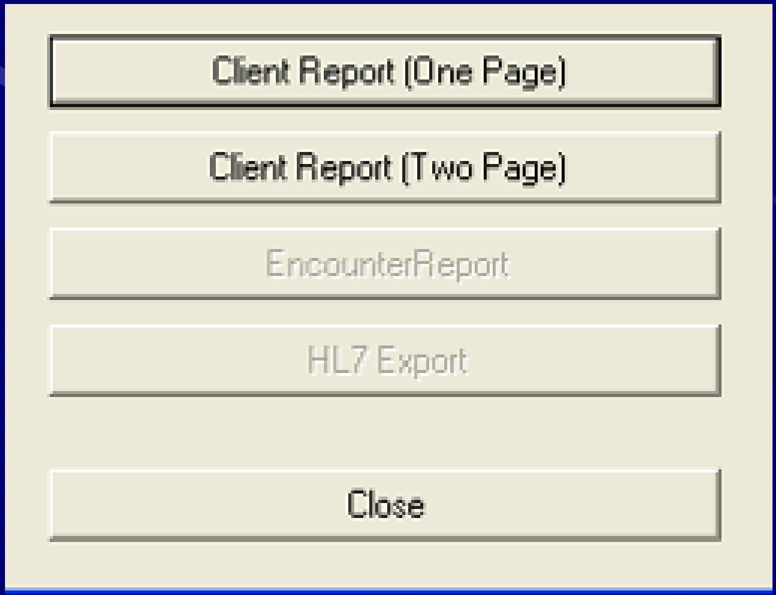
The following definitions apply to all Federal reporting:

- *White (not Hispanic)* is an individual having origins in any of the original peoples of Europe, the Middle East, or North Africa, but not of Hispanic ethnicity.
- *Black or African American (not Hispanic)* is an individual having origins in any of the black racial groups of Africa, but not of Hispanic ethnicity.
- *Hispanic or Latino(a)* is an individual of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- *Asian* is an individual having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- *Native Hawaiian or Other Pacific Islander* is an individual having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- *American Indian or Alaska Native* is an individual having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Client Report



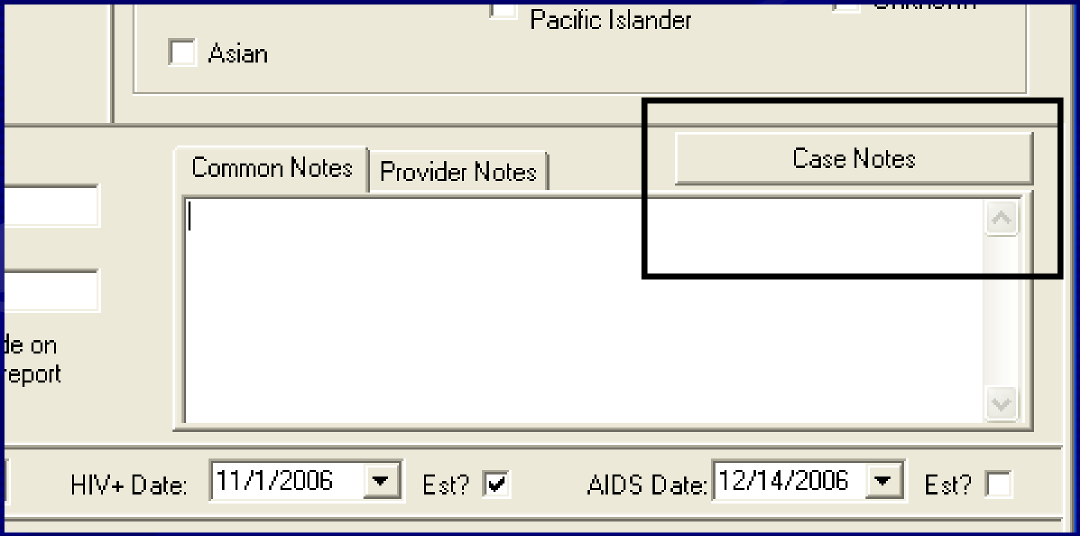
- From any screen in CAREWare, you may select the “Client Report.” When you click on this button, a box will appear like the one below:



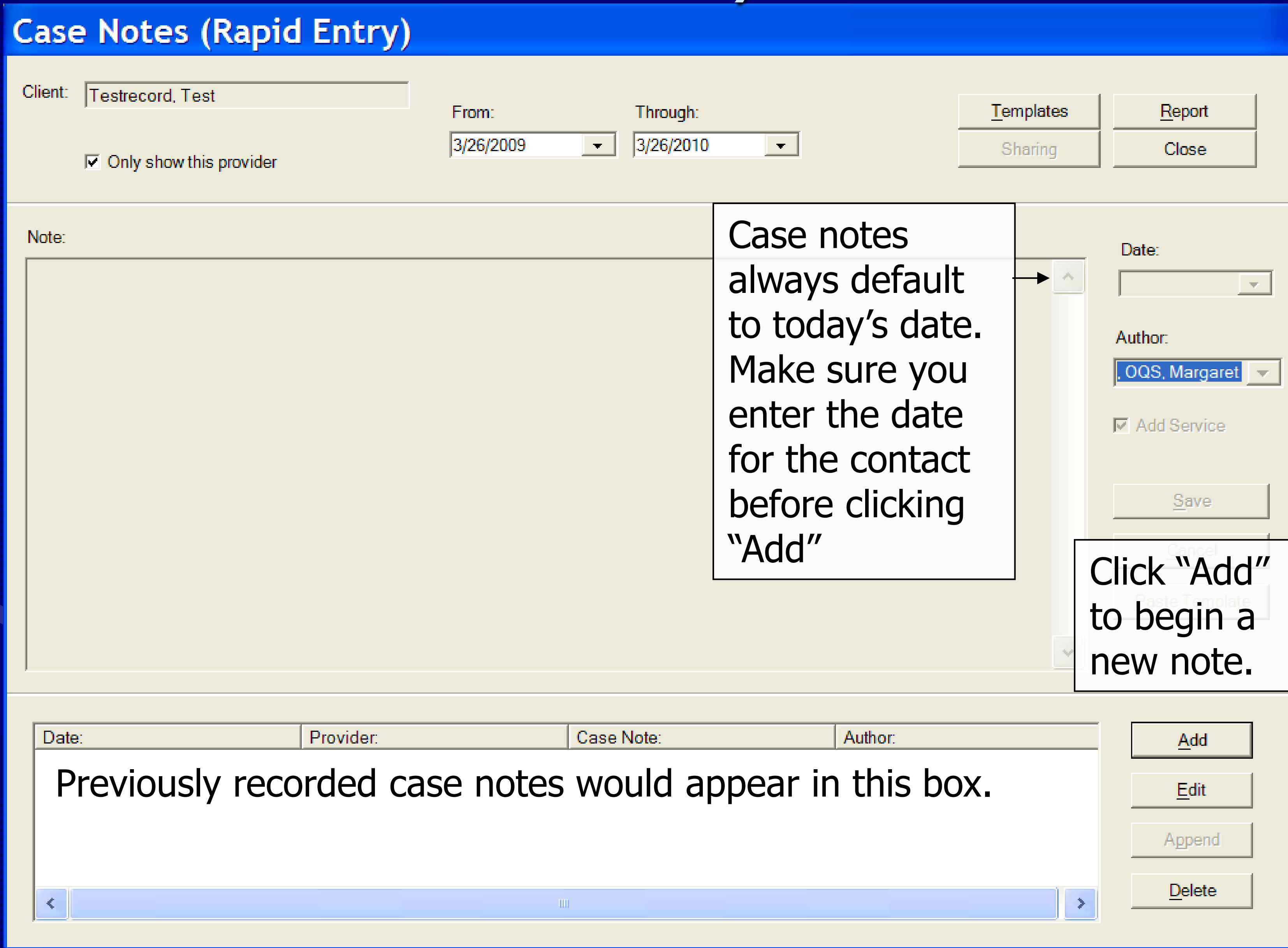
- The one-page report gives you a printout of the client’s demographic screen and annual information.
- The two-page report also adds information from the “Income Verification” and “Releases” screens.

Case Notes

- **Note that even when demographic, service, and clinical data is shared between providers, case notes will always remain private and visible only to staff with appropriate permissions at the agency where the note originated.**
- You can access case notes from both the Demographics and Encounters screens. To access case notes from Demographics, click on the button labeled “case notes.”



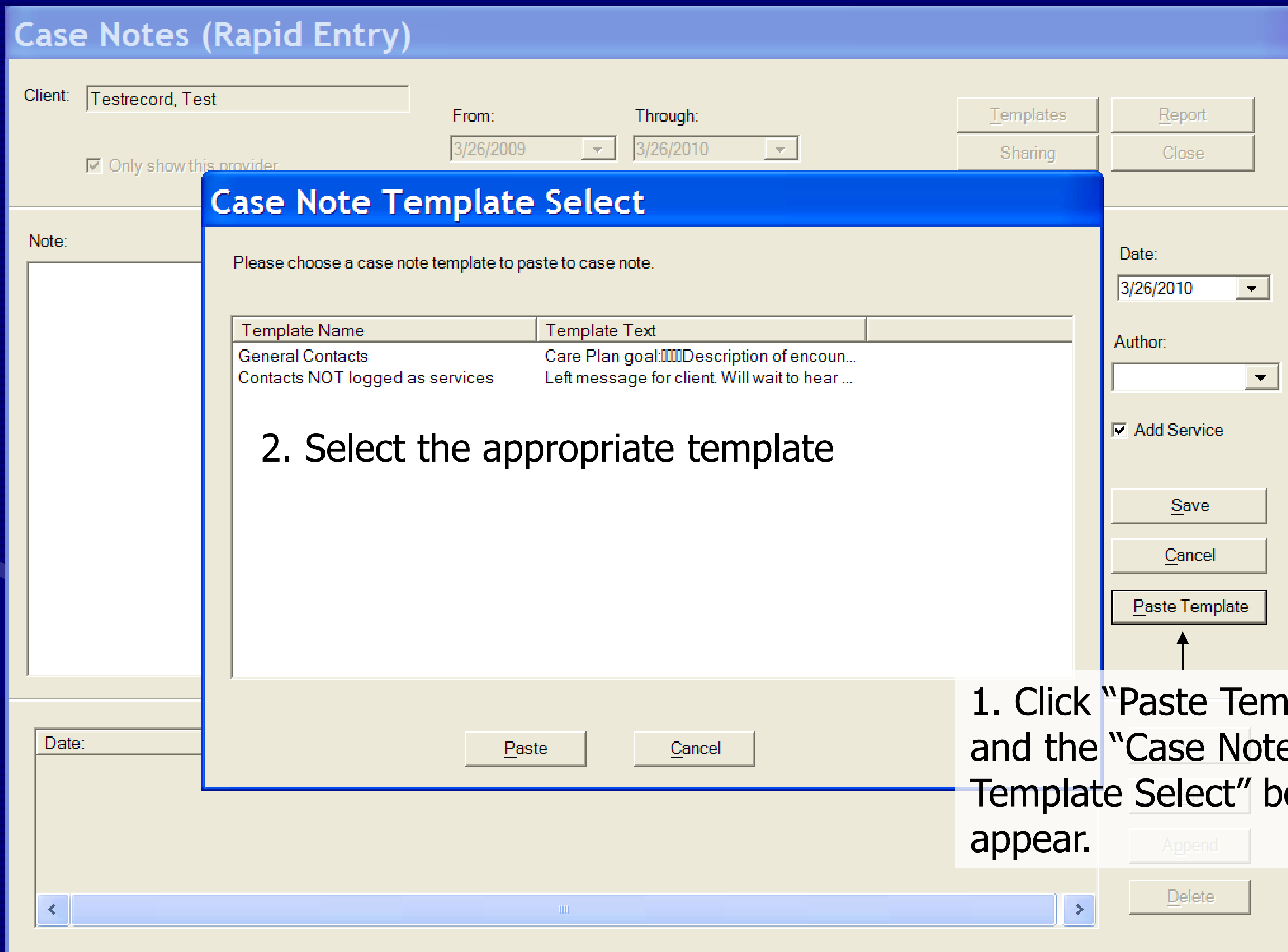
Case Notes, cont.



Case Notes, cont.

- There are two templates for each agency
  - Use the **General Contacts** template to document any contact with the client or on the client's behalf
  - Use the **Contacts NOT logged as services** template when you need to document an action that should not be logged as a service, such as leaving a message or sending a letter.
- **All case managers are <u>required</u> to use Part B-provided templates for case notes**
  - If you do not use CAREWare for your case notes, templates in MS Word can be e-mailed to you
- Spell check and a thesaurus are available for case notes

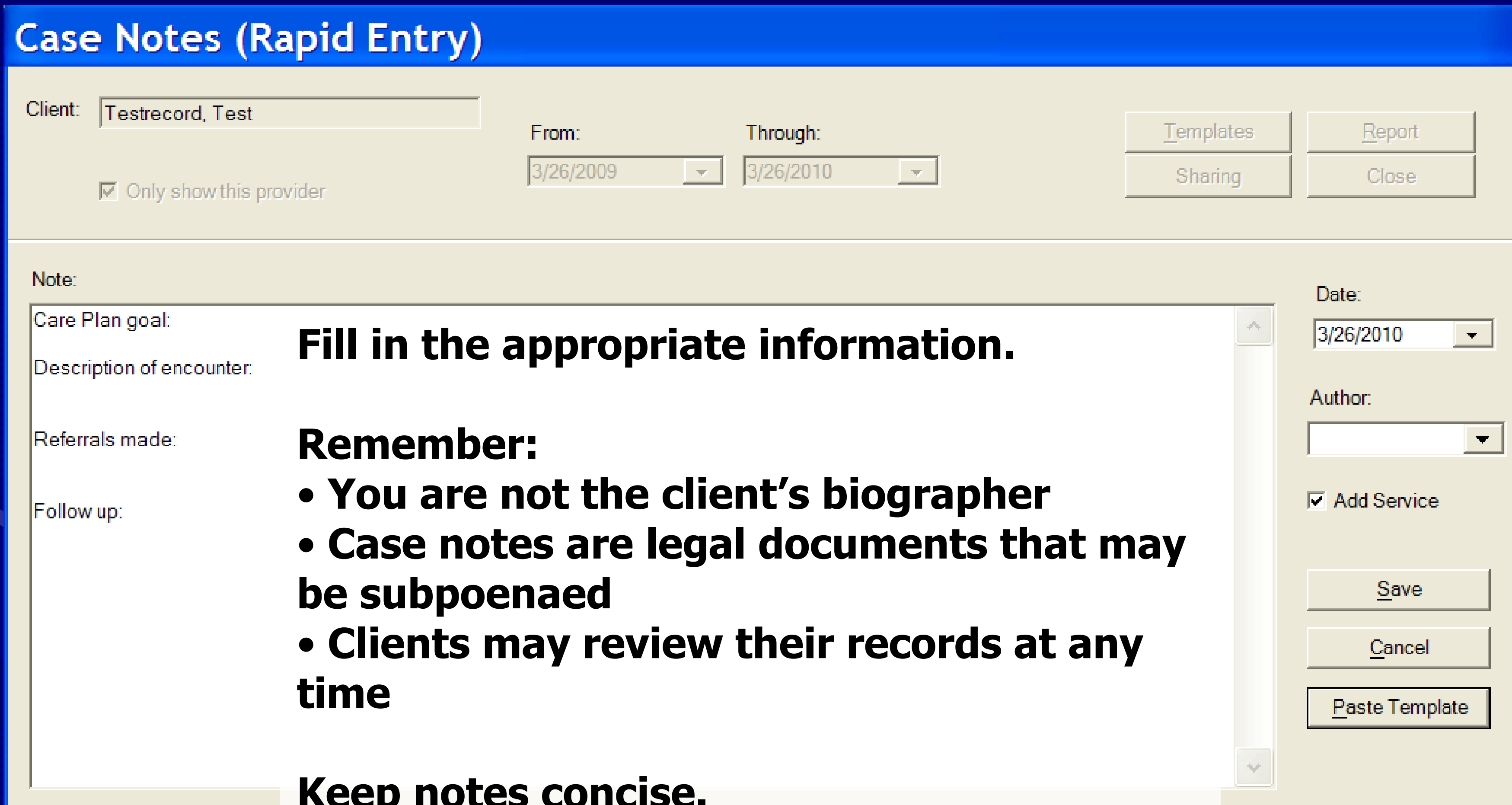
Entering Case Notes



2. Select the appropriate template

1. Click "Paste Template" and the "Case Note Template Select" box will appear.

Template for General Contacts



Fill in the appropriate information.

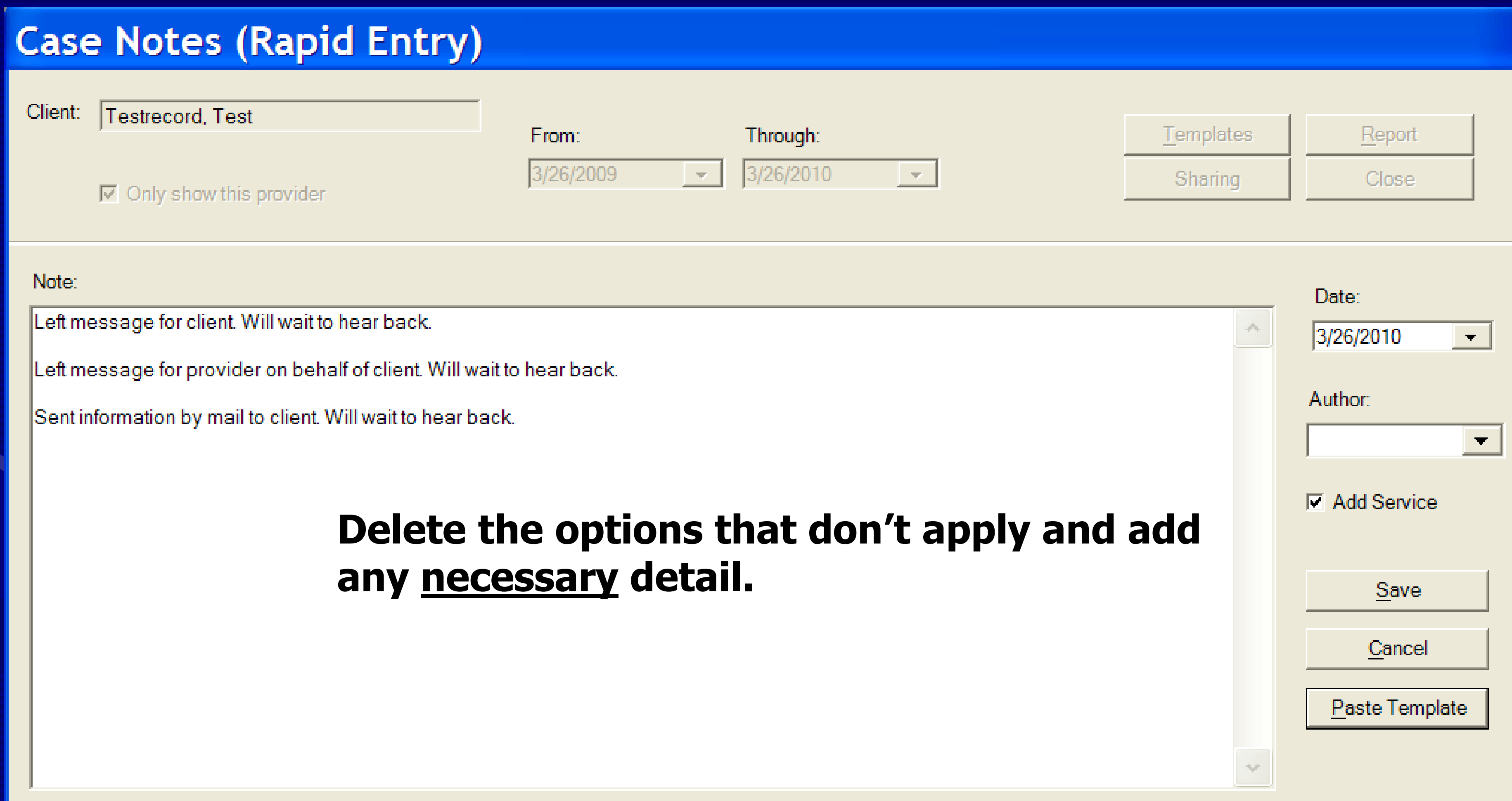
Remember:

- **You are not the client's biographer**
- **Case notes are legal documents that may be subpoenaed**
- **Clients may review their records at any time**

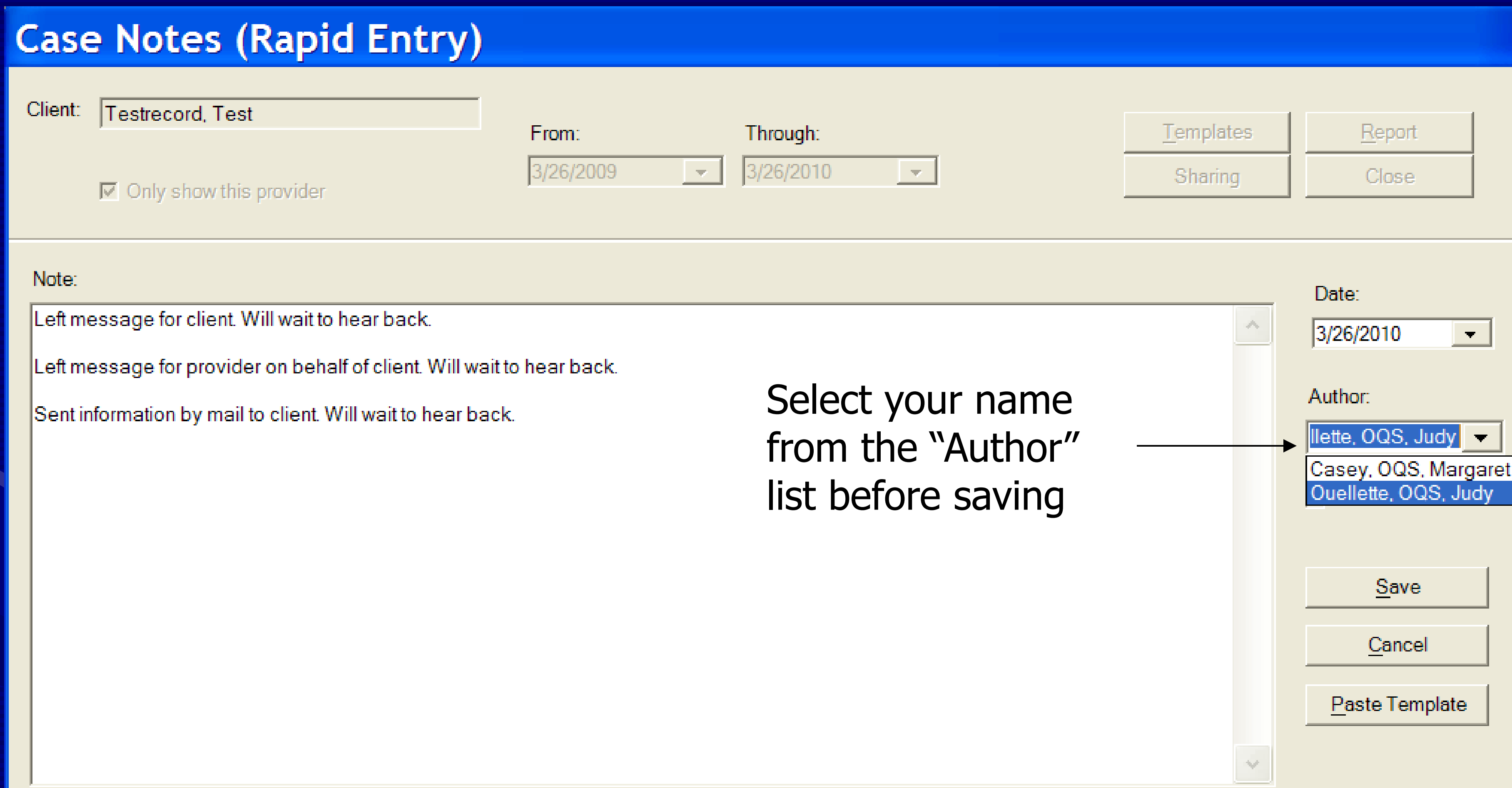
Keep notes concise.

Never identify another individual's status in a client's notes.

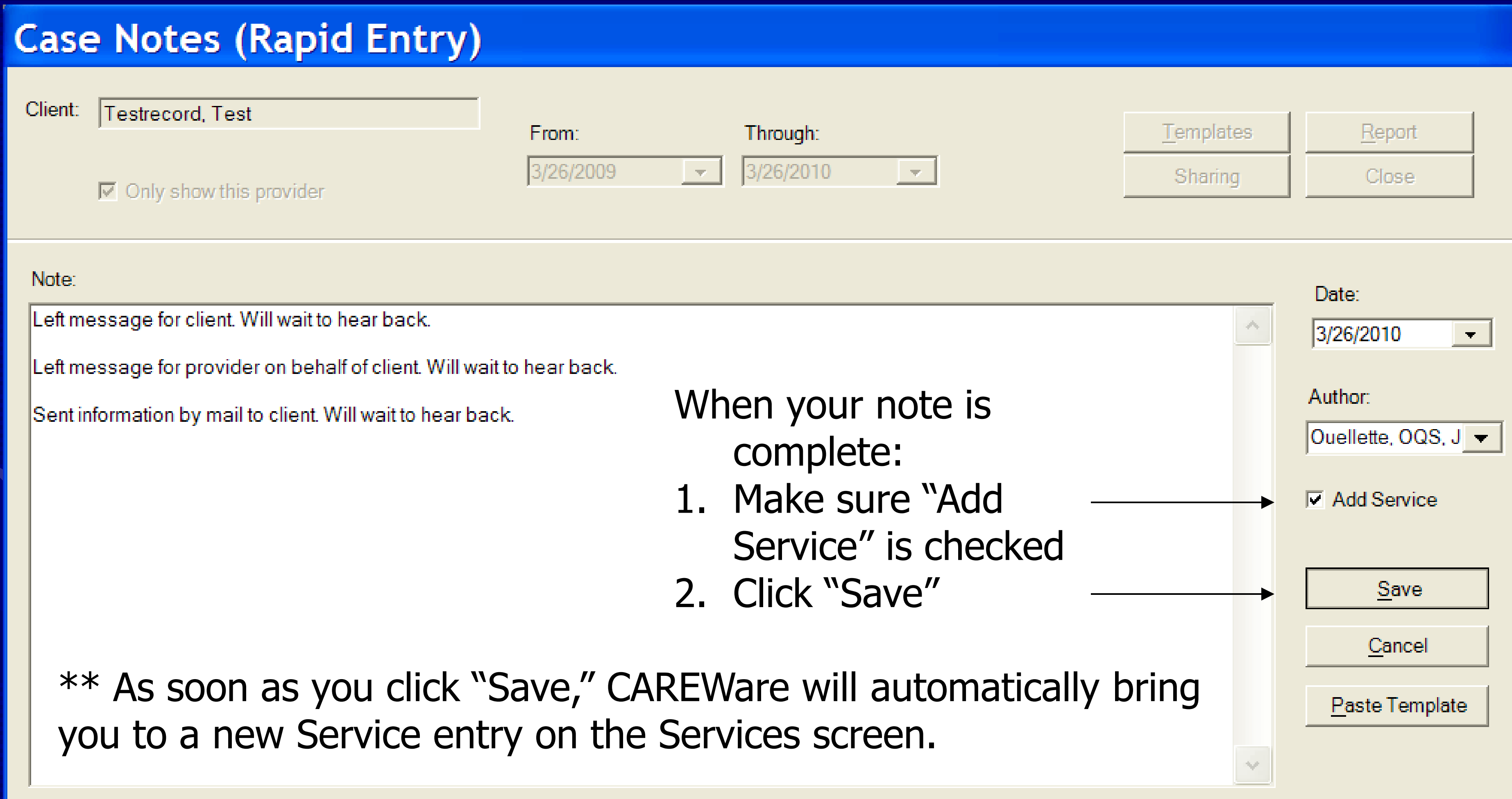
Template for Contacts NOT Logged as Services in CAREWare



Entering Case Notes



Entering Case Notes



When your note is complete:

1. Make sure "Add Service" is checked
2. Click "Save"

** As soon as you click "Save," CAREWare will automatically bring you to a new Service entry on the Services screen.

Entering Case Notes, cont.

- Note: Permissions have been set so that case managers have the ability to edit case notes once they have been entered.
- See the next slide for the policy related to editing case notes.

Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services
Paul R. LePage, Governor
Mary C. Mayhew, Commissioner

Department of Health and Human Services
Maine Center for Disease Control and Prevention
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Ryan White Part B Program
Program Operating Procedures and Standards

Monitoring of Edited Case Notes in CAREWare

Changes to client records in CAREWare may be monitored through the Change Log. This feature is accessible through any screen in the client record by clicking on the "Change Log" button at the top of the screen. Permissions to access the Change Log are restricted to the Database Administrator.

The change log shows changes made to the client record by date, user, provider domain, table name, client URN, record ID, and change details.

When a change is made to a case note, an entry is added to the change log for the Case Note table. The change details include the text of the original note and the text of the new note.

During routine desk audits each quarter, the database administrator will review change logs. Change logs may also be monitored at any time due to client request, troubleshooting and technical assistance, or other routine monitoring.

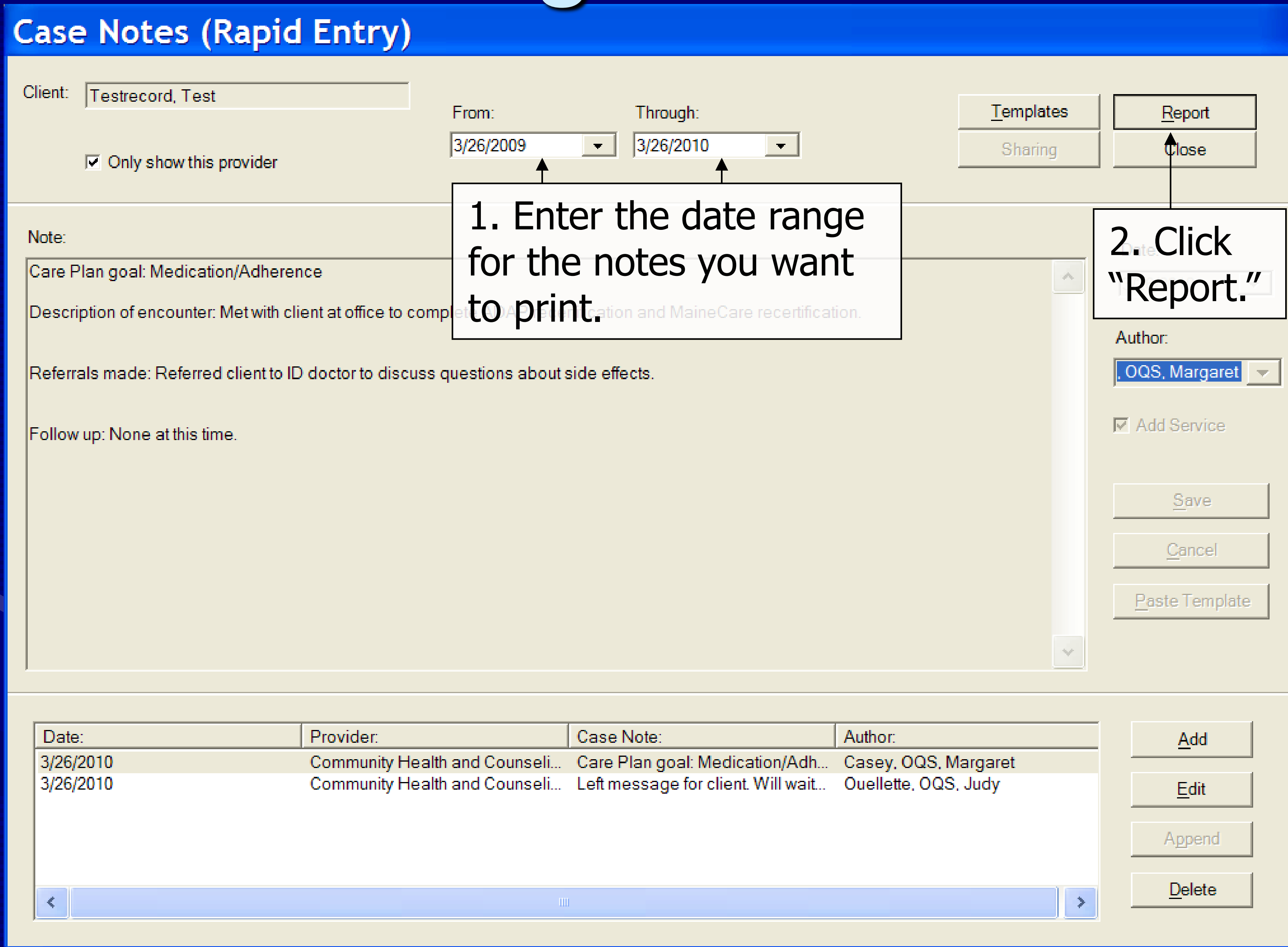
Any time change logs are reviewed, entries for the case note table will be scrutinized to ensure that case notes have not been altered inappropriately.

Appropriate changes to case notes:

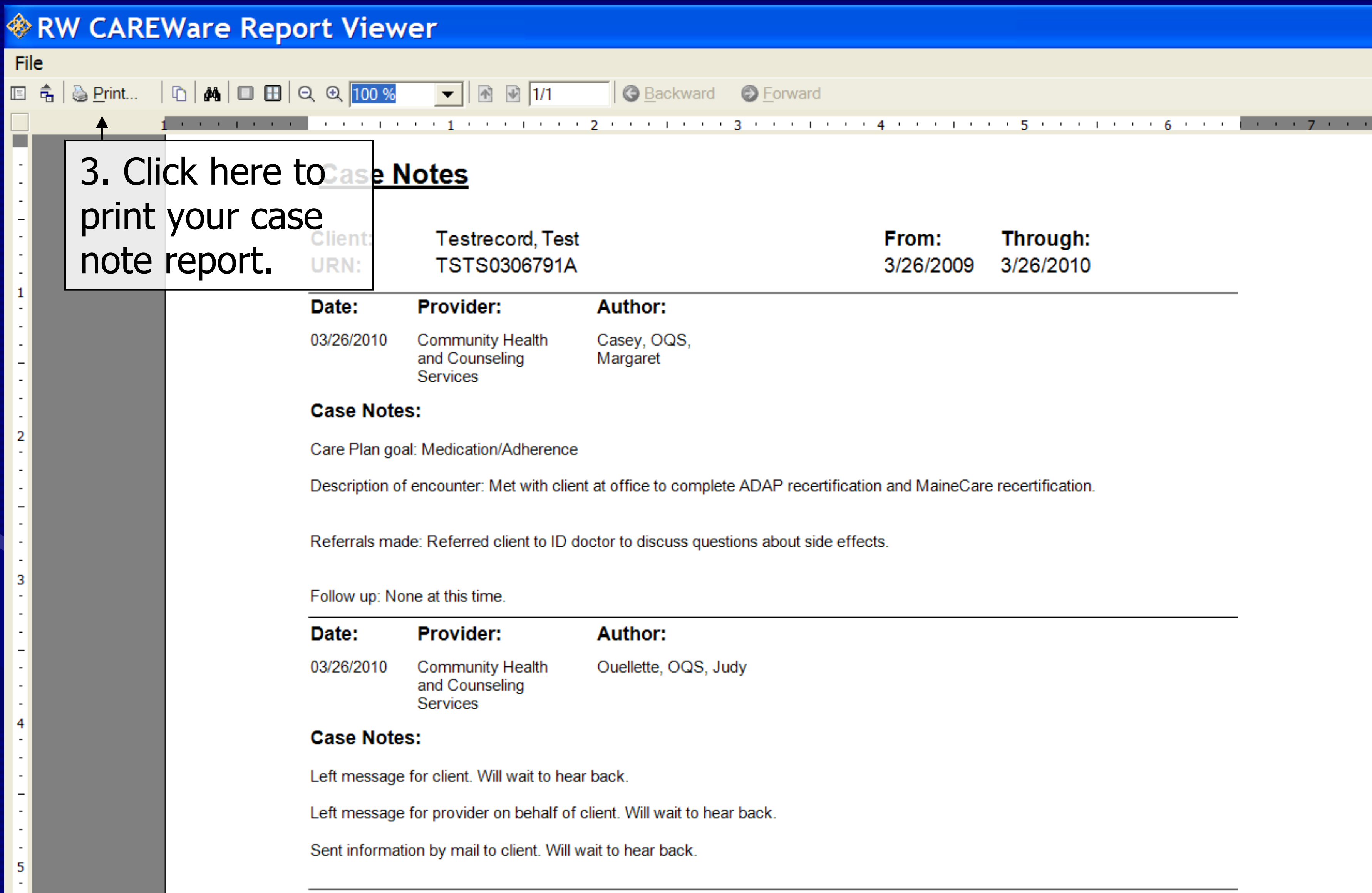
- Correcting dates
- Correcting blanks in the case note template
- Completing notes that were accidentally saved prior to being completed
- Adding clearly identified addendums
- Adding the case manager name if inadvertently left out

Any case notes that have been altered inappropriately will be documented using the change log records and the case manager's case note editing privileges will be stripped.

Printing Case Notes

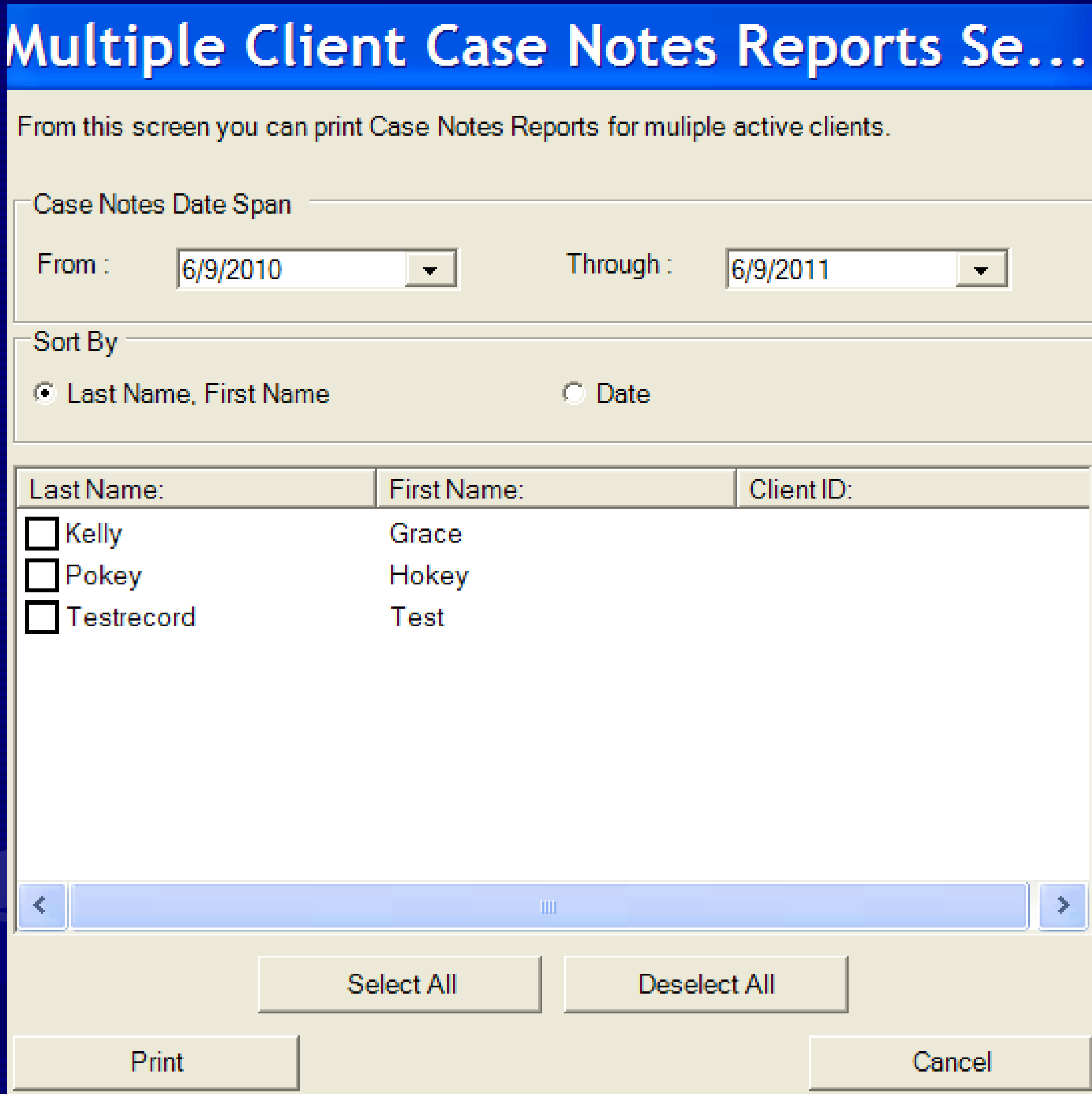


Printing Case Notes, cont.



Printing Case Notes, cont.

- Main Menu -> Reports -> Multiple Client Case Notes Report
- ALL **ACTIVE** CLIENTS being served by your agency will appear in the client list.
  - If your client's enrollment status has been set to anything other than "active," the client will NOT appear.

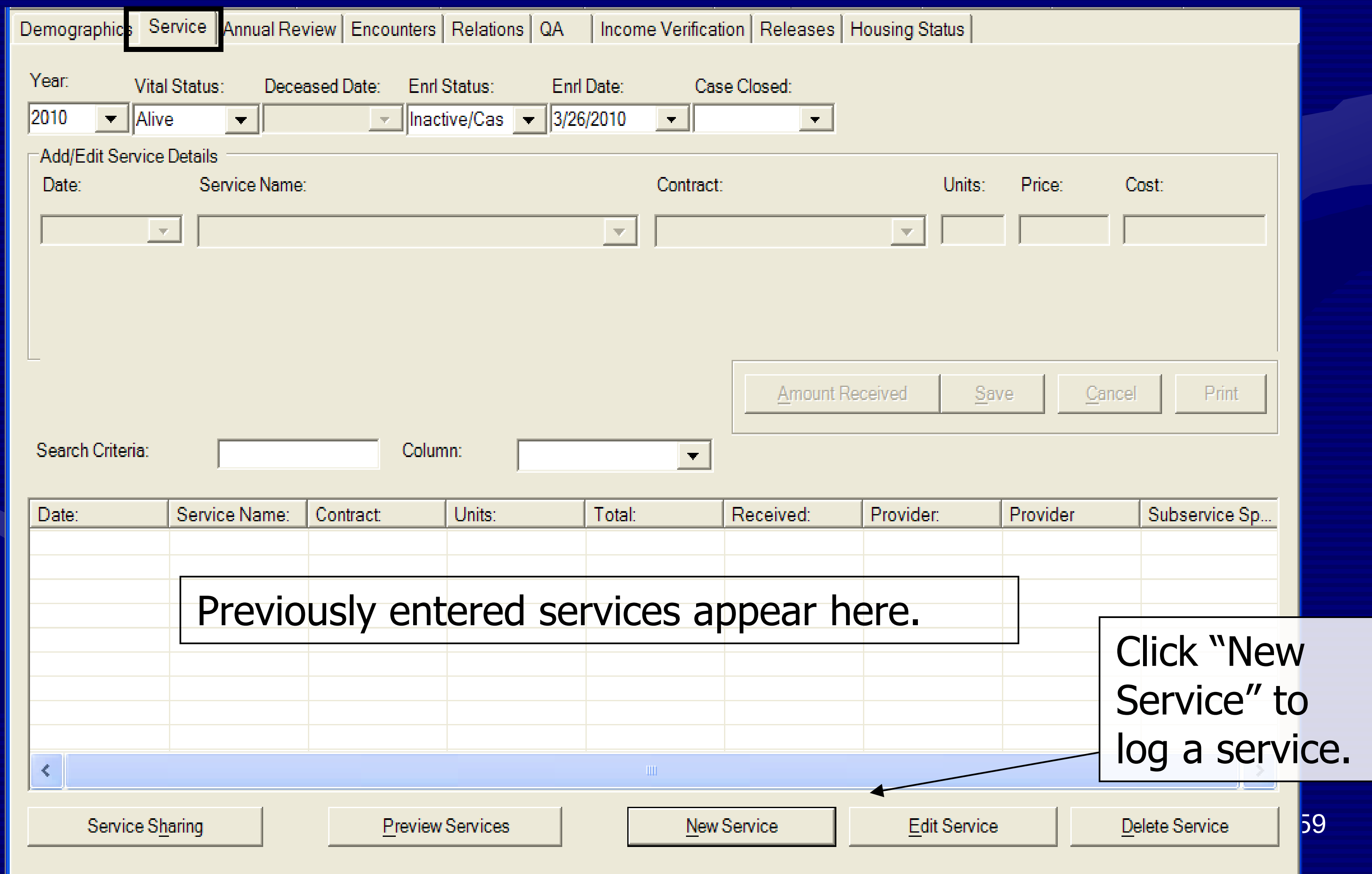

Multiple Client Case Notes Reports Se...
From this screen you can print Case Notes Reports for muliple active clients.
Case Notes Date Span
From :
6/9/2010
Through :
6/9/2011
Sort By
Last Name, First Name
Date
Last Name:
First Name:
Client ID:
Kelly
Grace
Pokey
Hokey
Testrecord
Test
Select All
Deselect All
Print
Cancel

Printing Case Notes, cont.

1. Set the date span for the notes you wish to print.
2. Check the box(es) for any client(s) whose notes you want to print.
3. Click “Print” and you will be brought to a screen where you can preview the notes. From here, you can copy, export, or print the case notes.

Services

- A single contact with or on behalf of a client may have multiple related services. To log all services related to a contact, select the tab labeled “Services.”
- The screen will look somewhat like this:

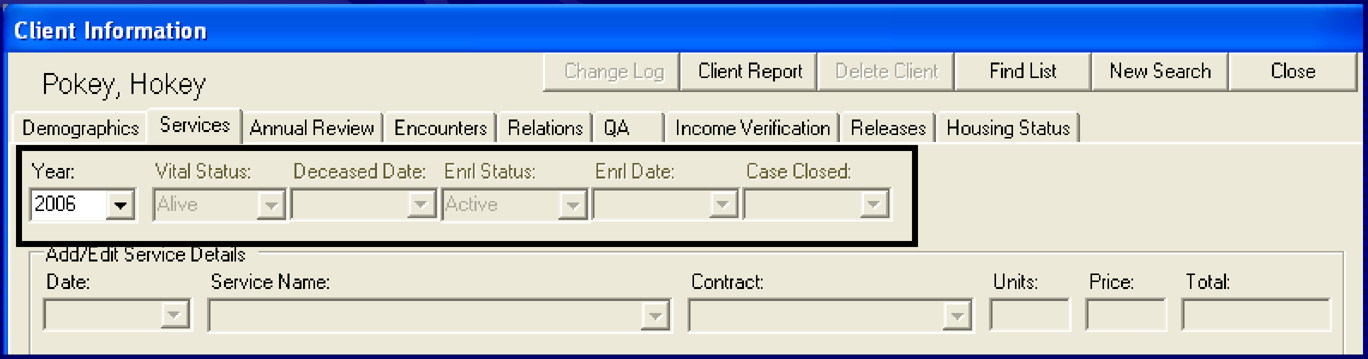


Services fields required for Part B reporting:

- Enrl Status
- Enrl Date
- Deceased Date or Case Closed date for discharged clients

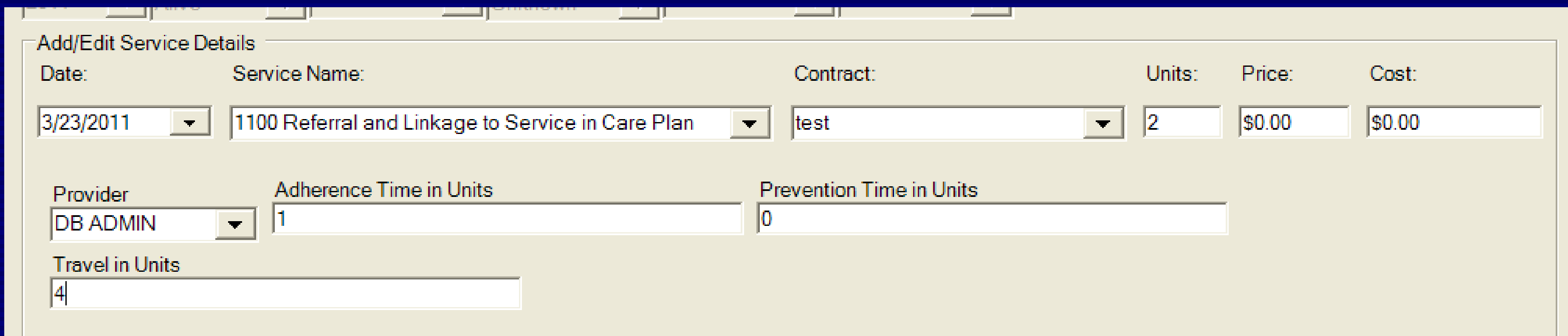
Services

- If this is a new client, make sure you enter the client's status information and enrollment (intake) date at the top of the screen.
  - The defaults are a Vital Status of "Alive" and an Enrollment Status of "Active." It's possible for a client to be deceased and still be an active case, as you may still be doing case management, charting, etc. for a deceased client.
  - Once the Enrollment Status is set to "Inactive/Case Closed," you can't enter any more services without resetting the Enrollment Status to "Active."
  - The Enrollment Date should be the date of intake. *Note that the enrollment year is used by CAREWare for the Ryan White Program Data Report to determine if this client is new in the current year or not*.
- Please also note that you can only view services for one year at a time. If you need to view/edit/enter services for a prior year, you must change the year selected in the pull-down next to the client's status.

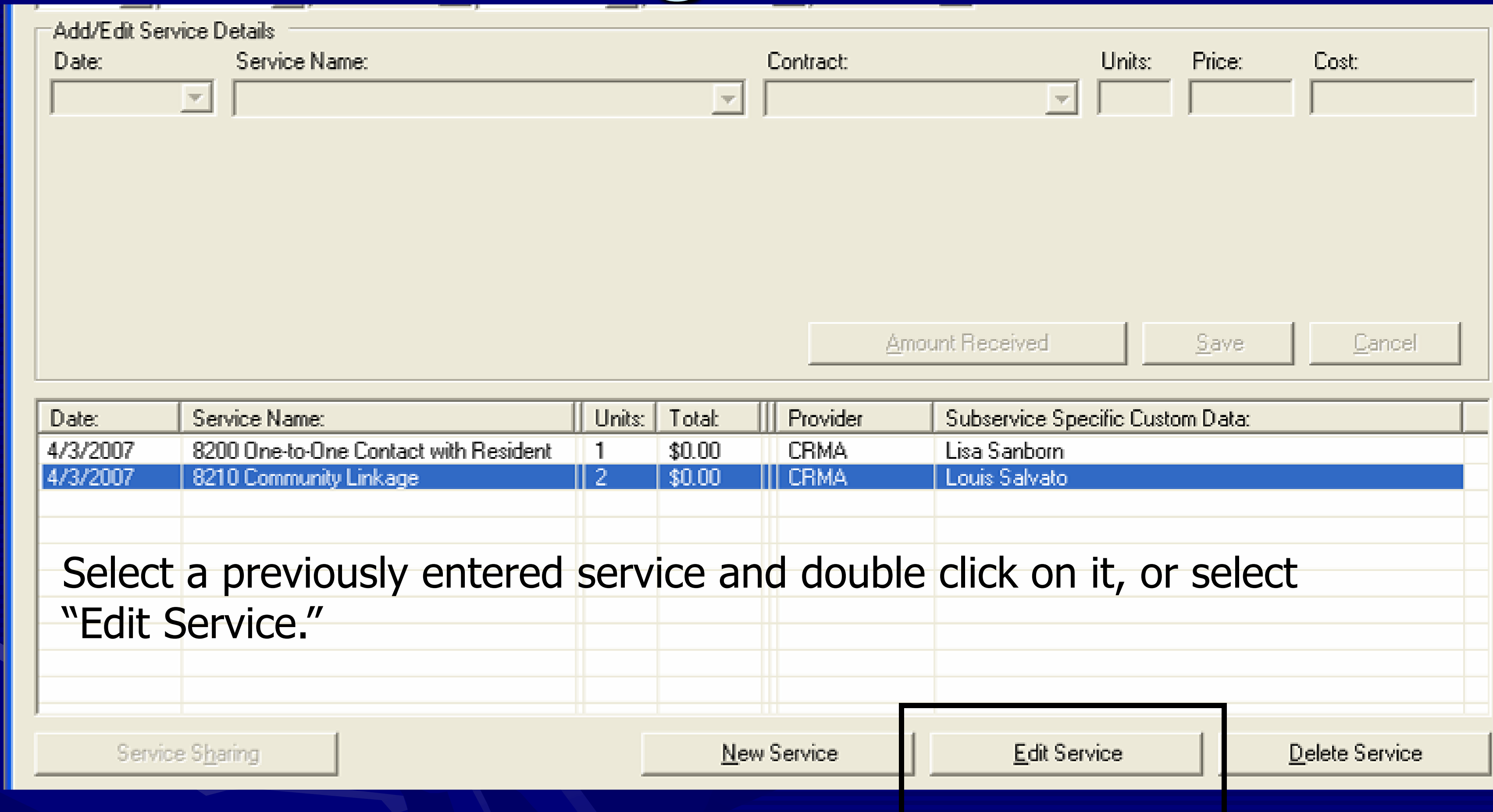


Enter a New Service

- Once you click “Add Service” the service line will become active.



Editing Services



When the previously logged service opens, the entry will edit faster if you click on the "Services" tab before you edit the entry. When you are done, click "Save." If you need to edit another entry for the same client, click on the "Services" tab before selecting the next entry.

Services Required by Part B

Code	Service Name	Units	Definition
1000	Care Plan	1 unit = 15 minutes	This service should be logged when a case manager completes a care plan with the client.
1200	Referral and monitoring service from care plan	1 unit = 15 minutes	This service should be logged when a case manager coordinates a referral for a client, facilitates the client's link to a service identified in the care plan, follows up to ensure that a client has received a service identified on the care plan, or screens for barriers related to accessing a service identified on the care plan. This includes collateral contacts.
1300	Comprehensive assessment	1 unit = 15 minutes	This service should be logged when a case manager completes an intake, re-intake, or annual assessment.

Services Required by Part B

Code	Service Name	Units	Definition
1400	Temporary coordination for institutionalized client	1 unit = 15 minutes	This service should be logged for time-limited assistance with coordinating a client's transition into or out of institutionalized care (including hospitals, assisted living, rehabilitation facilities, and correctional facilities) as long as these services relate to the client's care plan and needs identified on the assessment. This includes collateral contacts.
1800	Discharge	1 unit	This service should be logged when a client is discharged from Part B case management.

NOTE: These two services are not billable to MaineCare and will be filtered out of any unit billing reports in CAREWare

NOT Services

- CMs may want to document some activities in case notes that are not considered services, including:
  - Phone messages
  - Letters, other mailings, e-mails
  - Dispensing assistance or dropping items at a client's house (outside of a home visit)
  - Picking up items for a client (food, prescriptions, etc)
  - Scheduling case management visits without working on a care plan goal
- **Do NOT log a service in CAREWare for these activities**

NOT Services

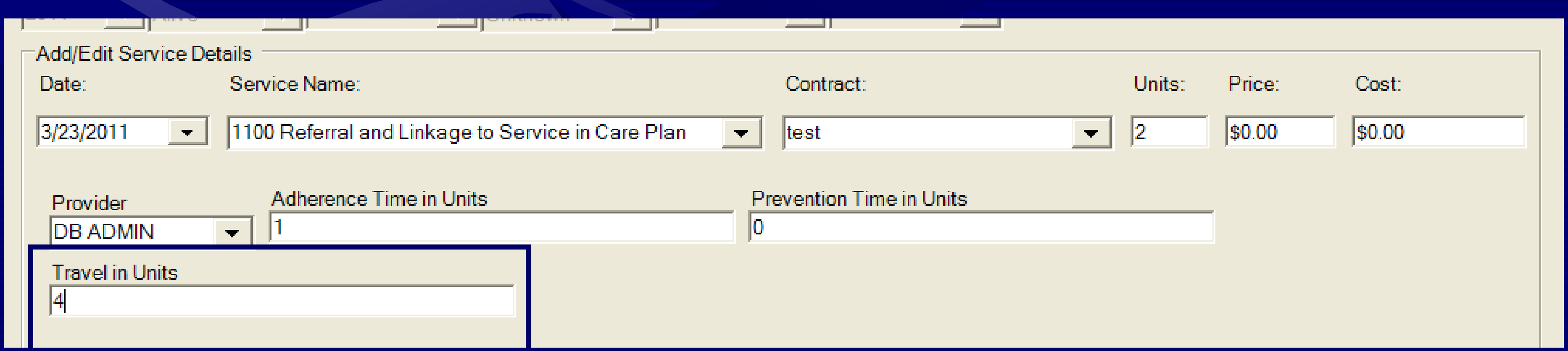
- REMINDER: If an activity does not relate to a care plan goal and a need identified on the assessment, **it is not a service**

Paperwork

- Part of a service when supports care plan goal and
  - CM is working directly with client to complete it (e.g. assessment)
  - Accessibility
    - Client is illiterate, has language barriers, physical incapacity
  - Emergency involving loss of health insurance
- NOT a service when not one of these 3 things

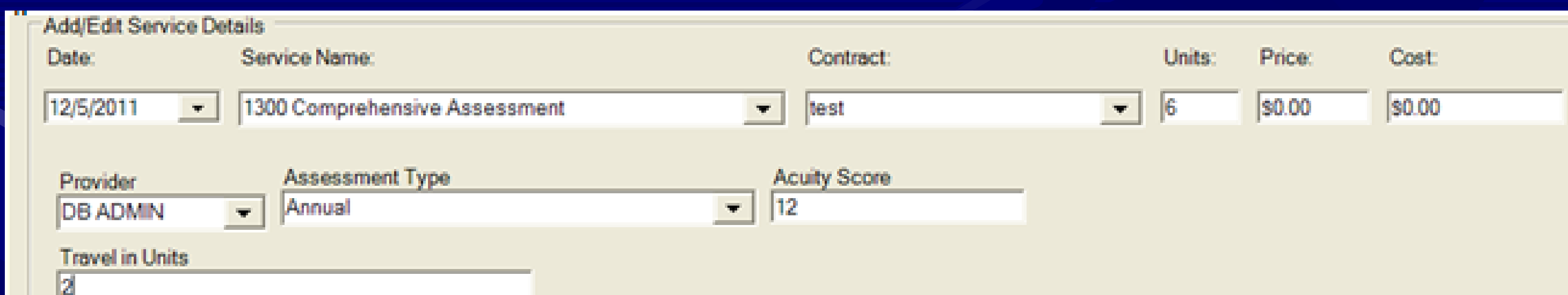
How to Log Travel Time

- Enter the total amount of time spent traveling to and from the appointment, if any, in the “Travel in Units” box.
- **This time should NOT be included in the “Units” box.**
- A unit is 15 minutes.



How to Log an Assessment

- Service 1300 Comprehensive Assessment is logged like most other services, but it also includes an extra box to identify the type of assessment and acuity score.



How to Log an Assessment

- For type of assessment:
  - Select “Intake” if the client is accessing case management with your agency for the first time.
  - Select “Reintake” if the client has been discharged from services with your agency for one year or more.
  - Select “Annual” if this is the routine annual assessment of an active client.
- For acuity score, enter the **total** acuity score for the client from the assessment document:

Acuity Assessment					
Area	0 pts Client identifies no needs in this area	1 pt Client identifies low needs in this area	2 pts Client identifies moderate needs in this area	3 pts Client identifies high needs in this area	4 pts Client is in crisis in this area
1. Access					
2. Housing					
3. Food/Nutrition					
4. Transportation/Home Care					
5. Education/Employment/Financial Support					
6. Treatment Adherence					
7. Dental Care					
8. Mental Health/Social Support					
9. Substance Use					
10. Relationships					
11. Legal					
12. Other					

Total Acuity Score: _____

How to Log a Client Certification

- Service 1100 Client certification is logged like most other services, with required fields for travel time. **In addition, you must document the client's care status.**

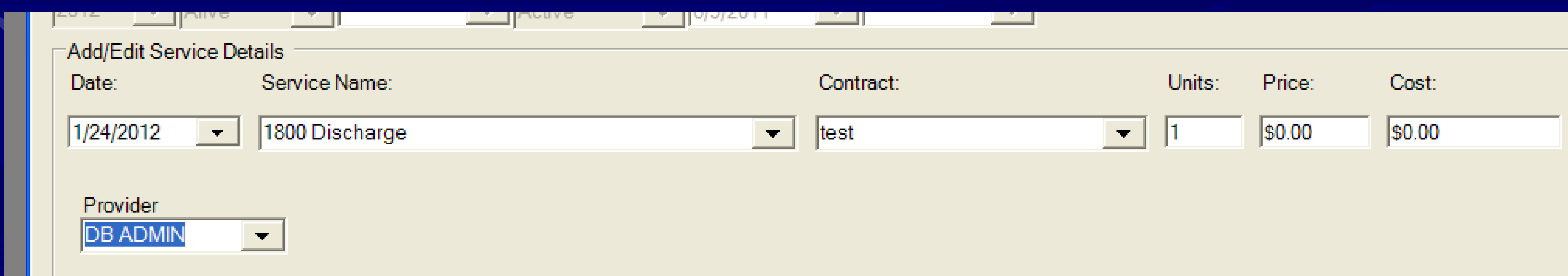
How to Log a Client Certification

- Documenting Care Status:
- Care Status is determined when completing the "Care Status Tracking" section of the Semi-Annual Client Certification form.
- A client is "**In Care**" if:
  - Client has seen a doctor within the last six months, **OR**
  - Client has had a CD4 and/or Viral load in the last six months, **OR**
  - Client is taking meds
  - Otherwise, select "Out of Care"

Discharges

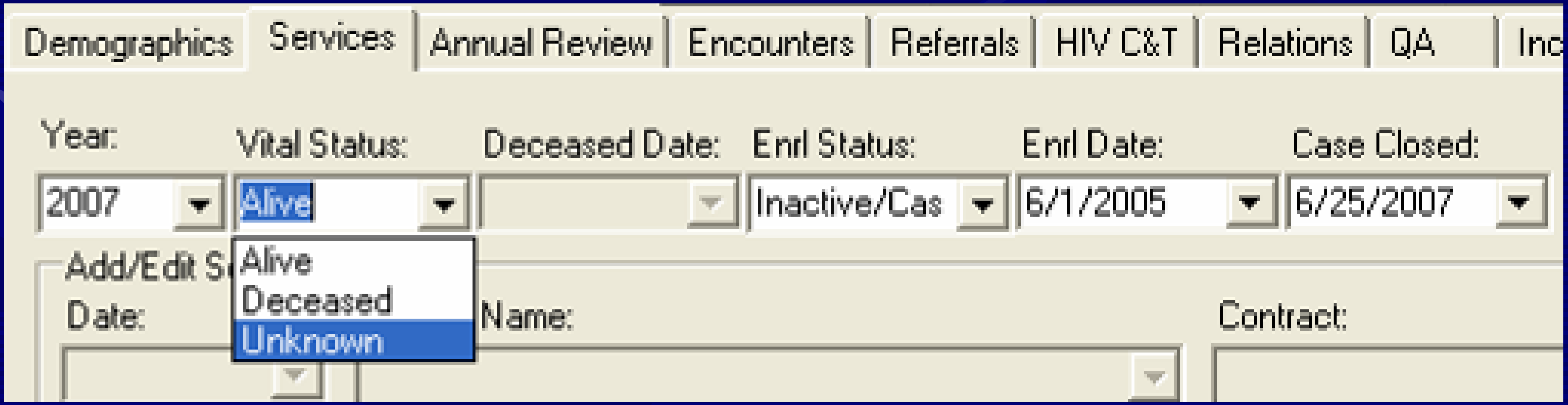
- Discharging clients in CAREWare is still a 3-or 4-step process

1. Service Code # 1800
   - **No longer need to indicate Discharge Type on service entry**



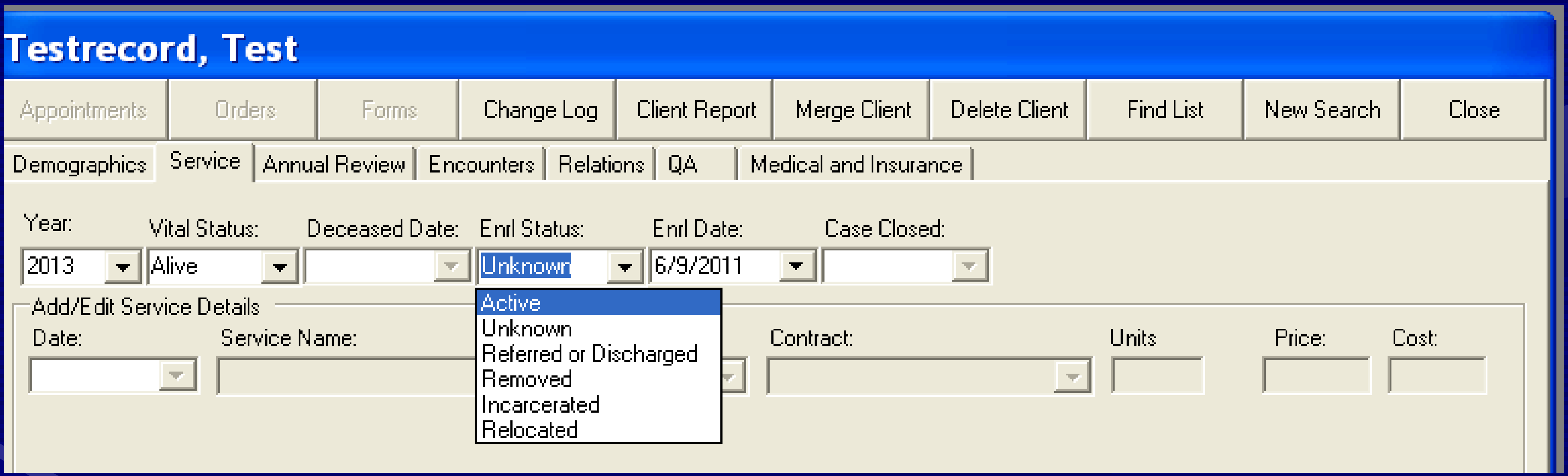
Discharges

2. At the top of the screen, change the client's Vital Status (if appropriate).
   - If the client has died, the Deceased Date box will become active and you must enter the date of death.



Discharges

3. Update the Enrollment Status



Enrollment Status

- *Referred* ***or Discharged*** —The client was referred to another program or services and will not continue to receive services at this agency; the client became self-sufficient and no longer needed Ryan White Program-funded services; the client voluntary left your program; or the client refuses to participate.
- *Removed*—The client was removed due to violation of rules.
- *Incarcerated*
- *Relocated/Moved*
- *Unknown*—The client has been “lost to care.”

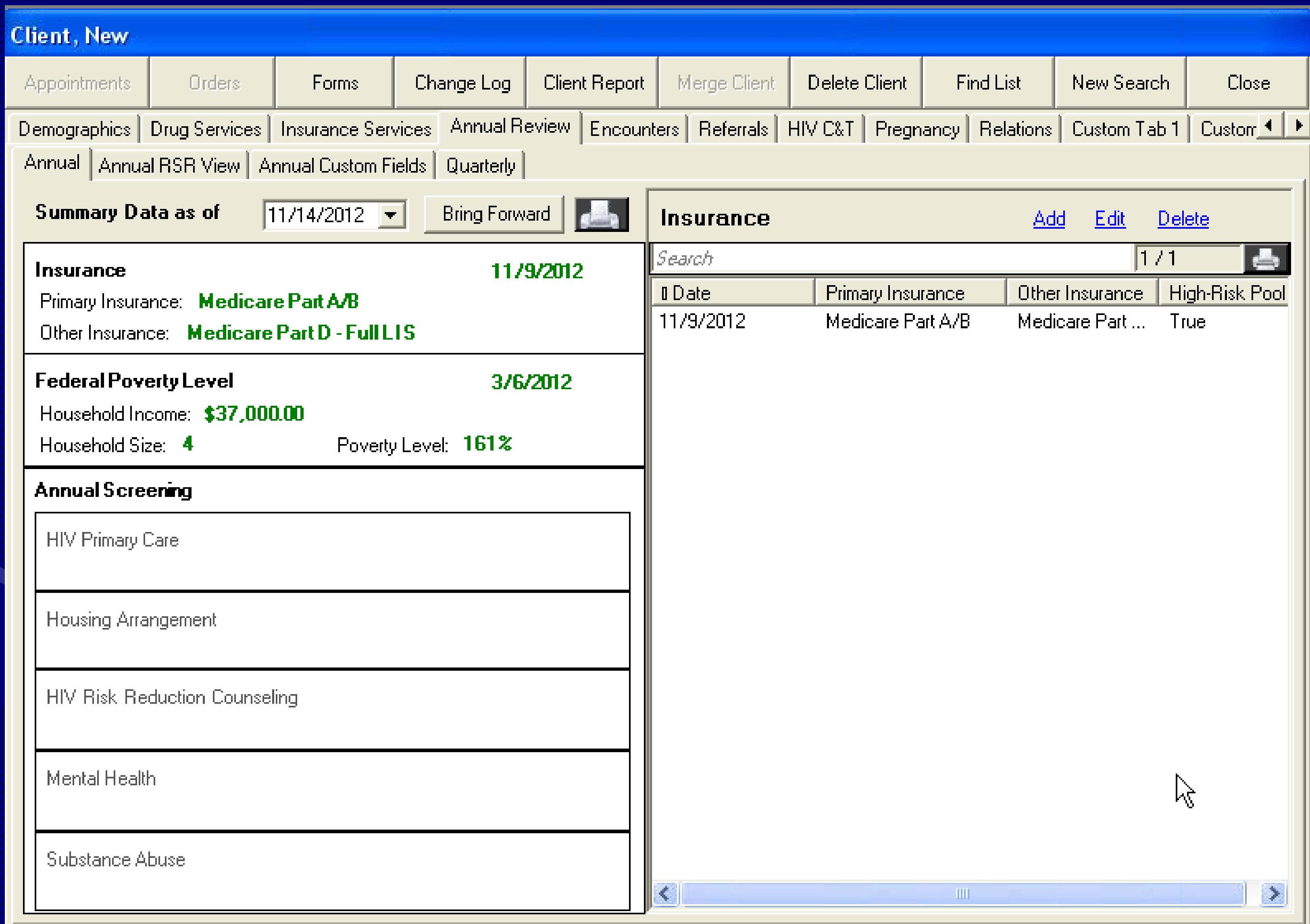
Discharges

4. Lastly, make sure you go to the QA screen and change the CM assigned to “Discharged”
   – If another agency is serving that client, it is up to them to make sure that the CM is accurately reflected

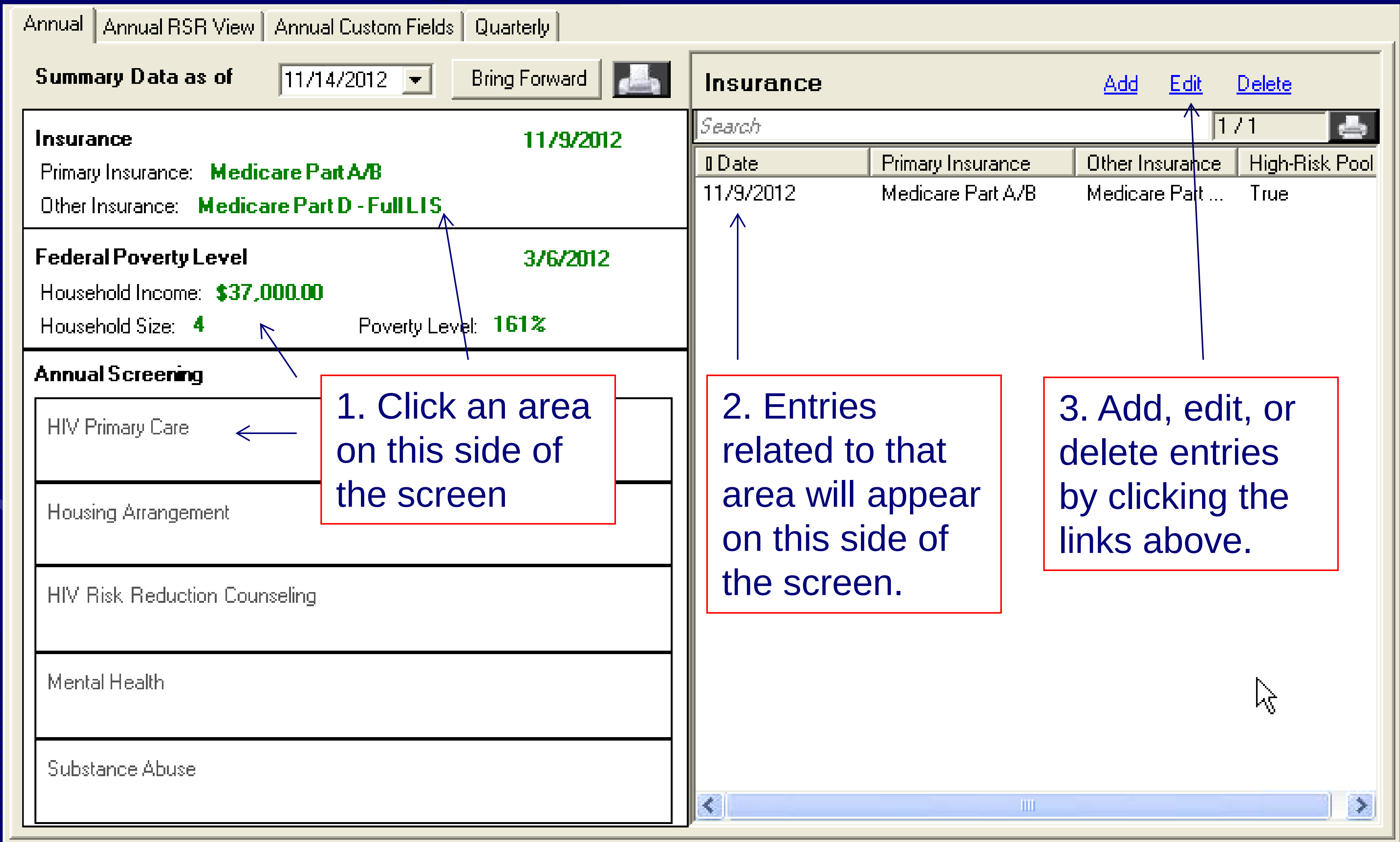
Annual Review

- **All of the Annual Review fields should be entered at intake and reviewed/updated <u>at least</u> during each SemiAnnual Certification**
- **The following Annual Review fields are <u>required</u> for Part B reporting:**
  - Primary Insurance
  - Primary HIV Medical Care
  - Housing/Living Arrangement
  - Household Income
  - Household Size

Annual Review/Annual



Entering Annual Review Info



Entering Annual Review Info

- **DO NOT try to add records by clicking the plus sign that appears in the boxes on the left. There is a bug in the system that edits and deletes records when clicking the plus sign. Always add records by clicking the link labeled “Add” on the right.**
- If you click the link labeled “Add,” a new, light blue box will appear to enter the information for that category with a date and save it.
- You will notice that the drop-down menus are limited. This is because these fields are tied specifically to federal reporting.

Insurance

- One of the primary purposes of medical case management
- Make sure information gets updated
- Must select primary insurance AND all other insurances

Insurance

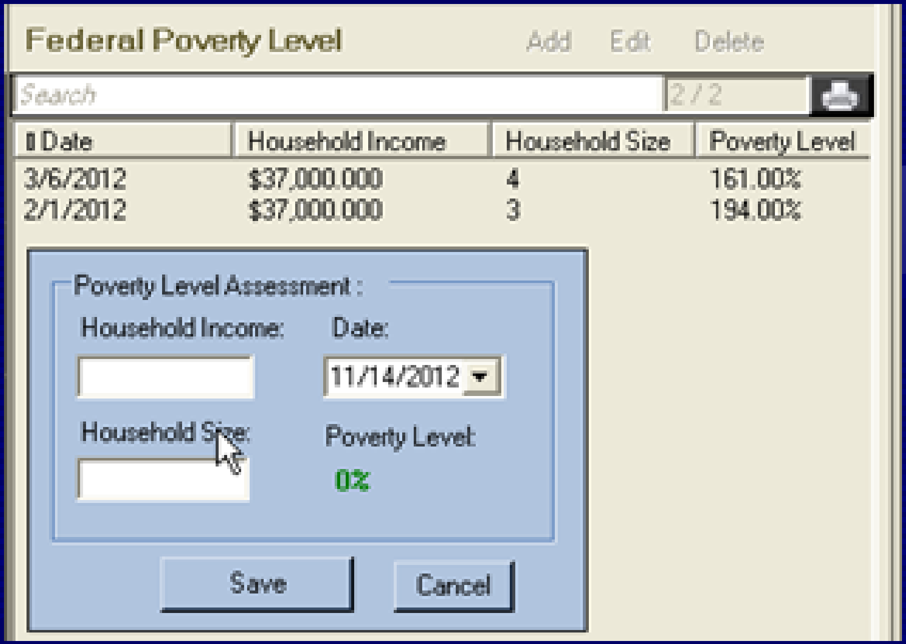
- Any time a client experiences a change in insurance (primary or other types), you should add a new insurance record.
  1. Select "Insurance" on the left.
  2. Click the link labeled "Add" on the right.
  3. The light blue box will pop up on the right.
- Enter the date of the change (most likely the date you are entering the information). Select the client's primary insurance type – the medical insurance that provides the most reimbursement. Then check the boxes for all other insurance types that apply.

Household Size and Income

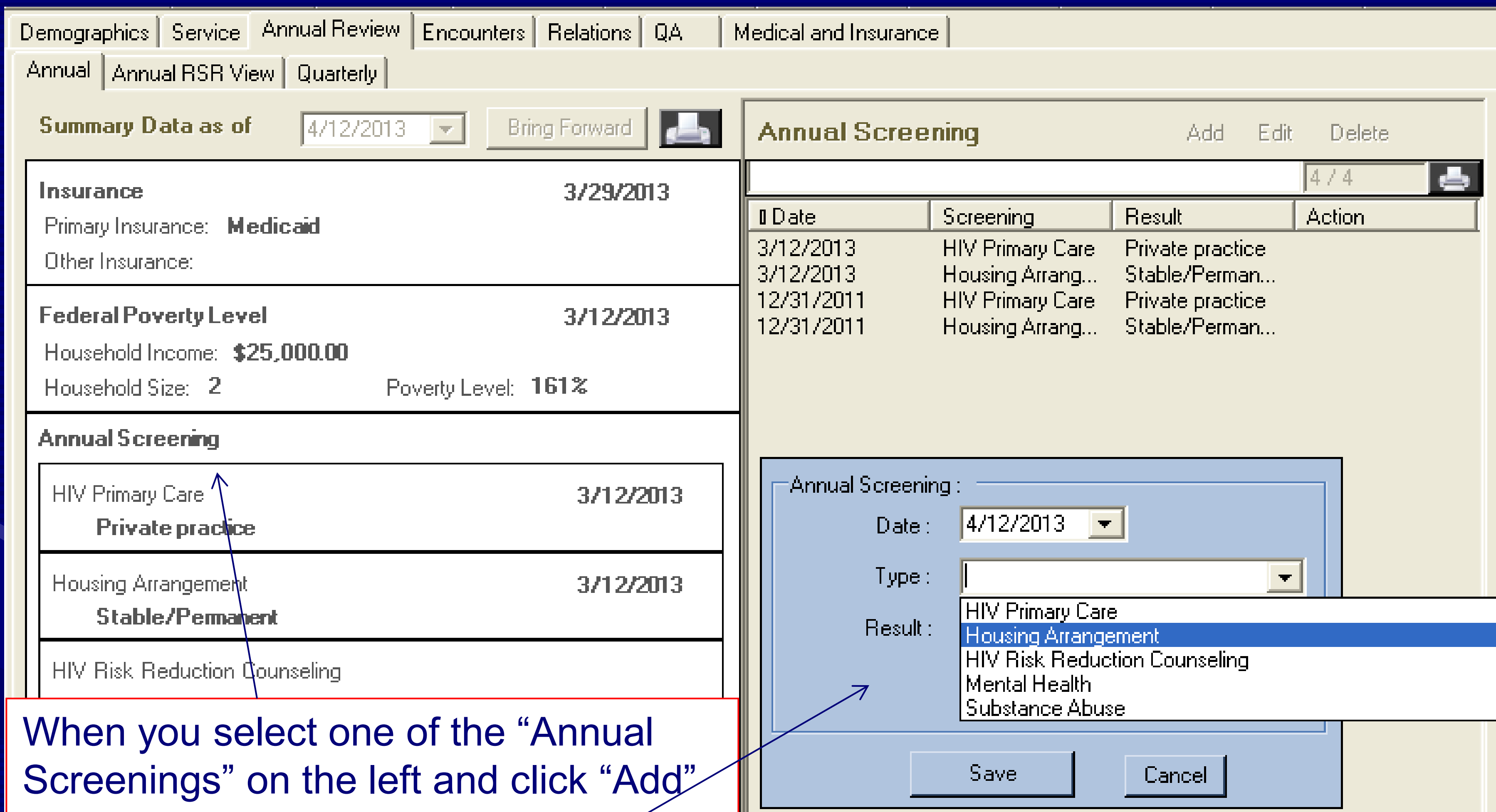
- Client and legal spouse and/or other legal dependents
- Otherwise, household size is 1
- This definition may be different from other programs, such as HAVEN and MaineCare. Always enter info based on this definition.
- "Household Income" should reflect the income for all of the people counted in "Household Size."

Entering Household Size & Income

- When the income has been verified, select "Federal Poverty Level" on the left and the link labeled "Add" on the right. A light blue box will pop up.
- **Enter the date of the most recent verifying document as the date, then update the household income and household size as appropriate.**



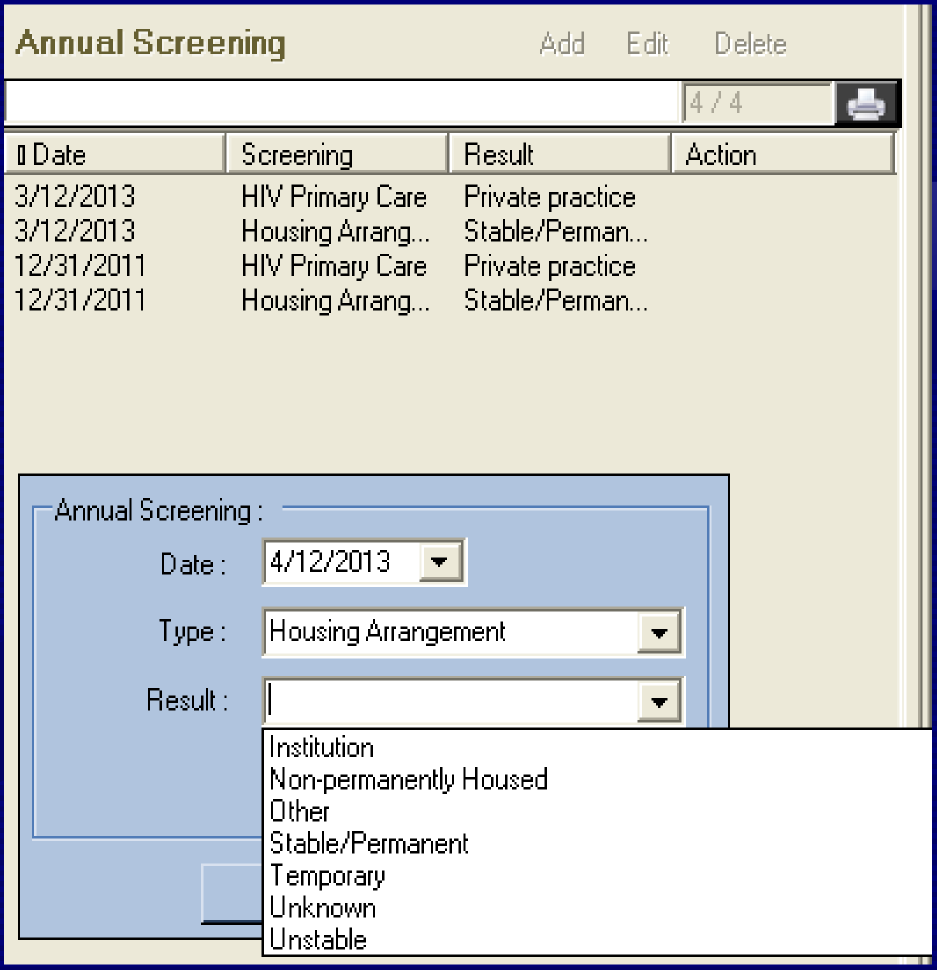
Housing/Living Arrangement



When you select one of the “Annual Screenings” on the left and click “Add” on the right, the light blue box that appears looks like this:

Housing/Living Arrangement

- When you select "Housing Arrangement" as the type of screening, you will see the following options for "result"
- See the next two slides for important definitions



Housing/Living Arrangement

- **There's a difference between *Nonpermanent Housing* and *Unstable Housing***

- ***Nonpermanent Housing*** includes:
  - Transitional housing
  - Temporarily staying with friends or family (couch surfing)
  - Hotel or motel (not paid for with emergency shelter voucher)
  - Other temporary arrangement

- ***Unstable Housing Arrangements*** include:
  - Emergency shelter
  - Place not designed for, or ordinarily used as, a regular sleeping accommodation for people (vehicle, abandoned building, bus/train station/airport)
  - Hotel or motel paid for with emergency shelter voucher

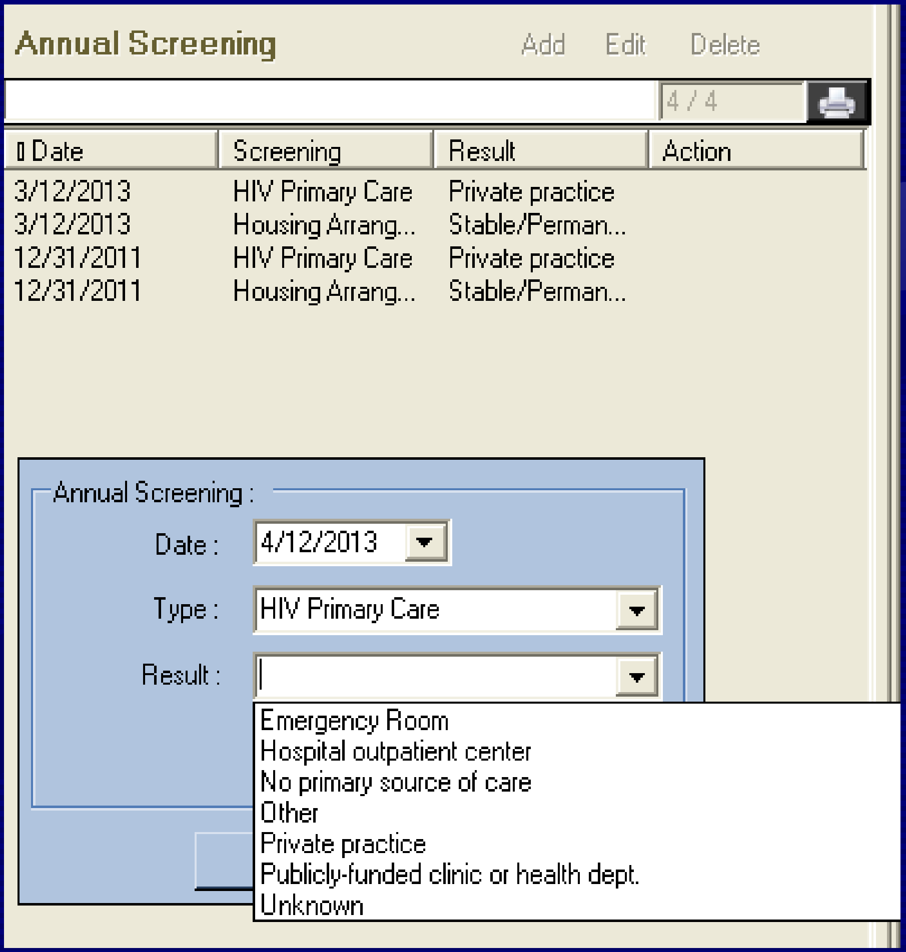
Institution

- Although there is an option for “institution” in the Housing/Living Arrangement, **you should <u>not</u> use this option**

- Instead use:
  - ***Stable Permanent Housing*** for institutional setting with greater support and continued residence expected (psychiatric hospital or other psychiatric facility, foster care home or foster care group home, or other residence or longterm care facility)
  - ***Nonpermanent housing*** for temporary placement in an institution (e.g., hospital, psychiatric hospital, or other psychiatric facility, substance abuse treatment facility, or detoxification center)
  - ***Unstable Housing*** for jail, prison, or a juvenile detention facility

HIV Primary Care

- Like housing, when you select “HIV Primary Care” as the type of screening, you will see the following options for “result”

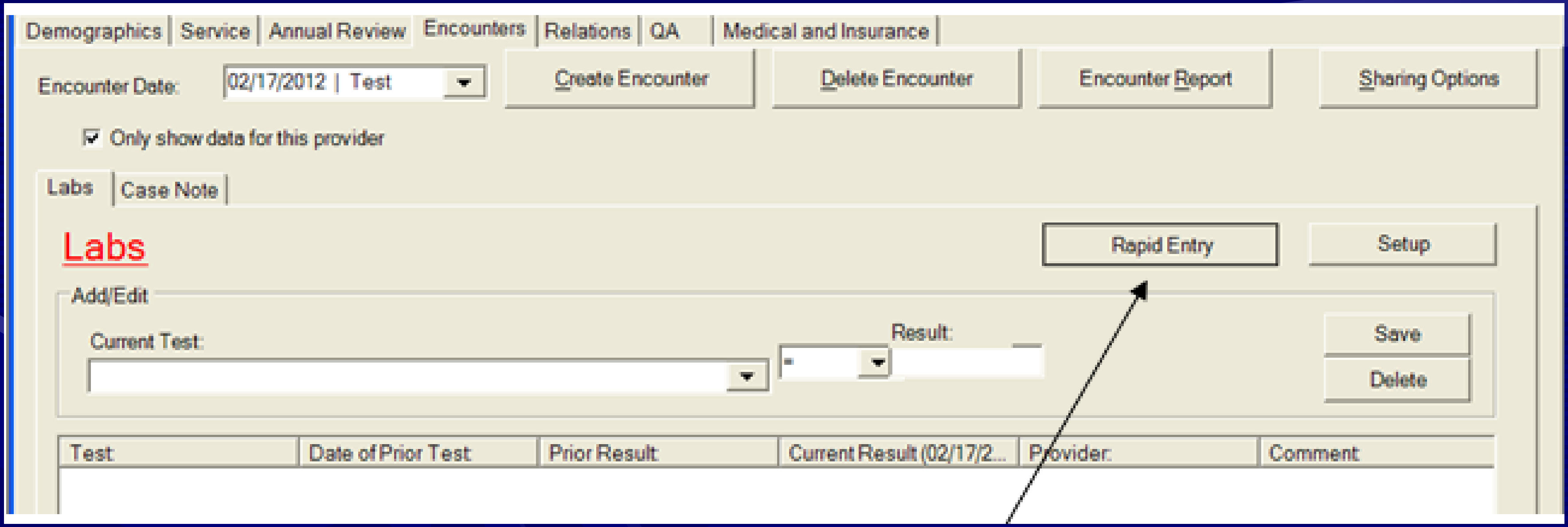


Entering Labs

- Part B case managers are required to collect clients' CD4 and Viral Load test results during the SemiAnnual Certification process. These lab results must be entered into CAREWare through Encounters | Labs.

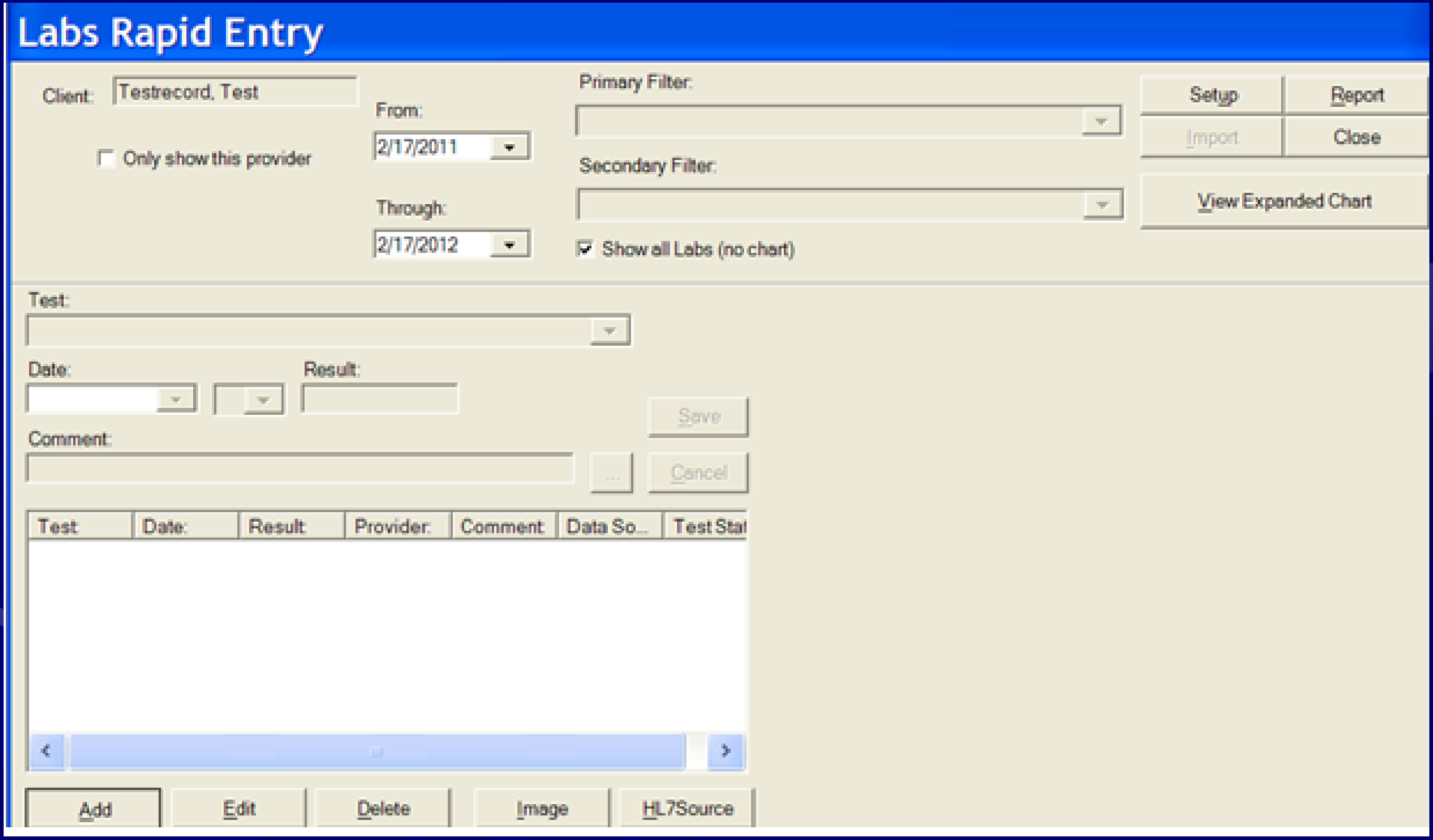
Entering Labs

- On the Labs screen, click the button labeled "Rapid Entry"



Entering Labs

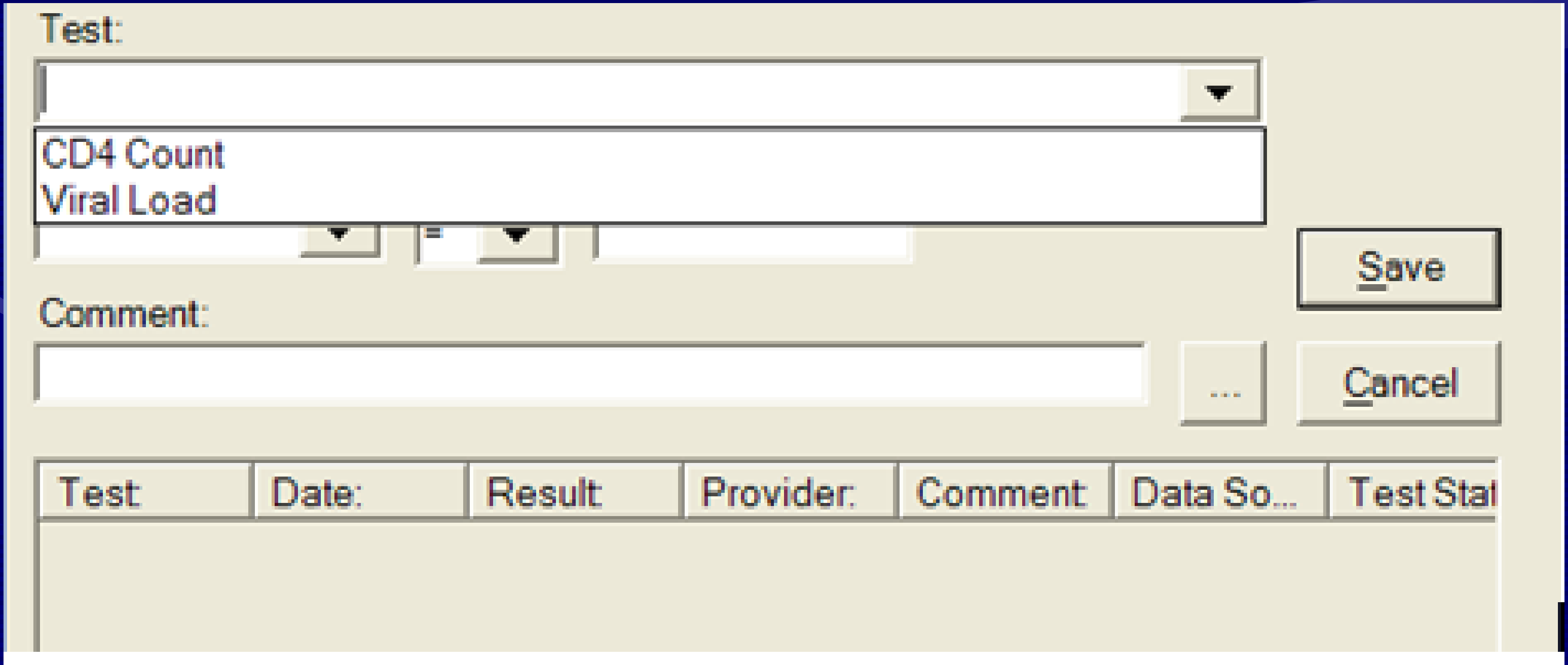
- The rapid entry screen looks like this:



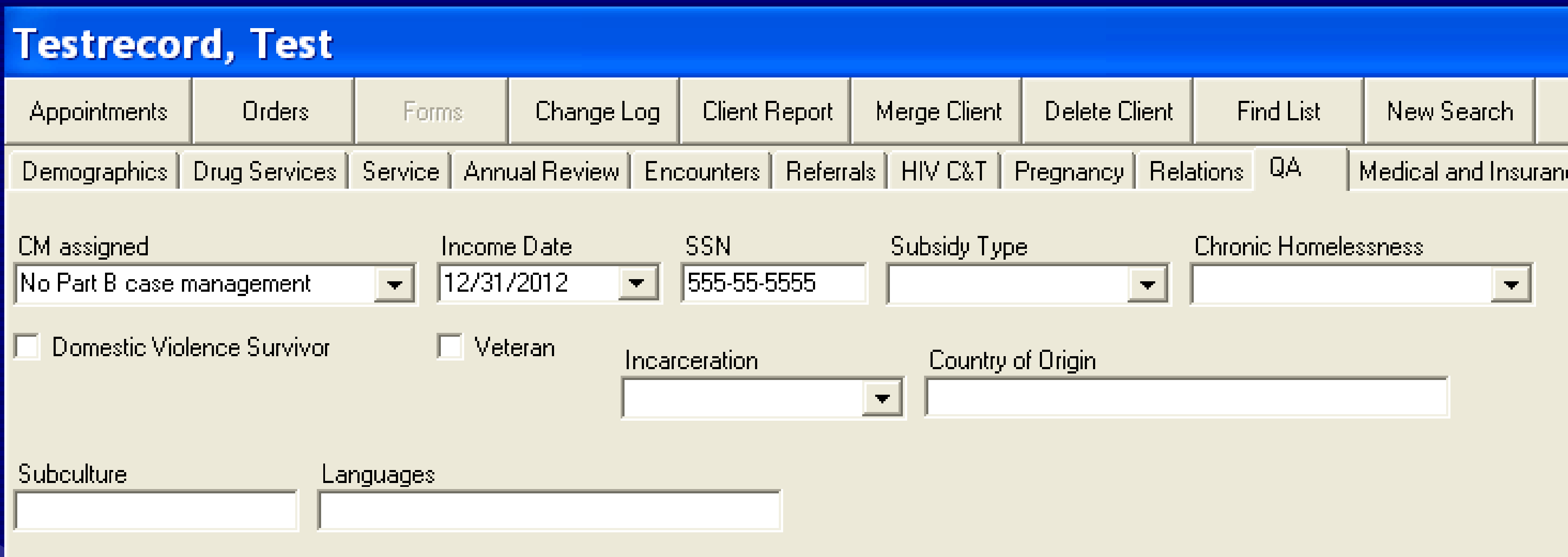
- Click the button labeled “Add” at the bottom of the screen.

Entering Labs

- The “Test” box will become active. Select the type of test, enter the date of the lab, enter the result, click “Save.”



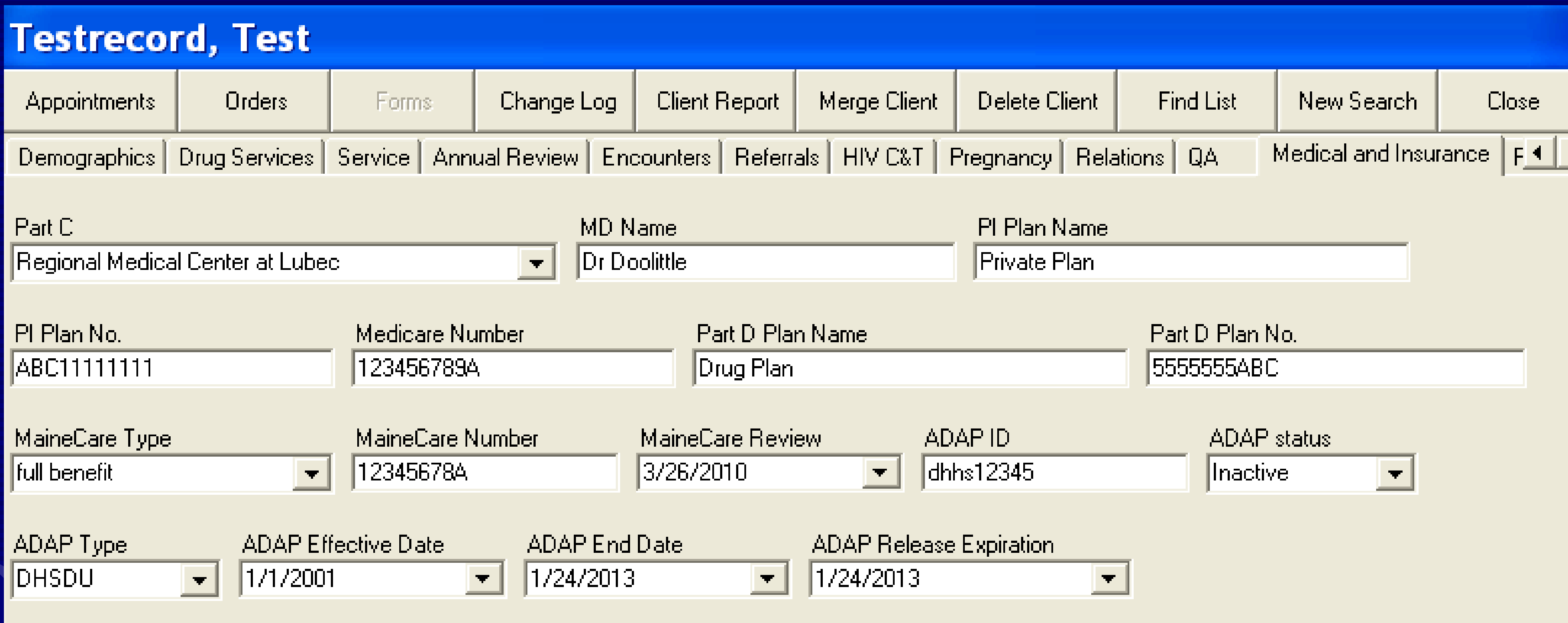
QA tab


Testrecord, Test
Appointments
Orders
Forms
Change Log
Client Report
Merge Client
Delete Client
Find List
New Search
Demographics
Drug Services
Service
Annual Review
Encounters
Referrals
HIV C&T
Pregnancy
Relations
QA
Medical and Insuranc
CM assigned
No Part B case management
Income Date
12/31/2012
SSN
555-55-5555
Subsidy Type
Chronic Homelessness
Domestic Violence Survivor
Veteran
Incarceration
Country of Origin
Subculture
Languages

QA fields required for Part B reporting:

- CM Assigned
- Income Date
  - Income date must be less than one year old for all active Part B clients.

Medical and Insurance tab

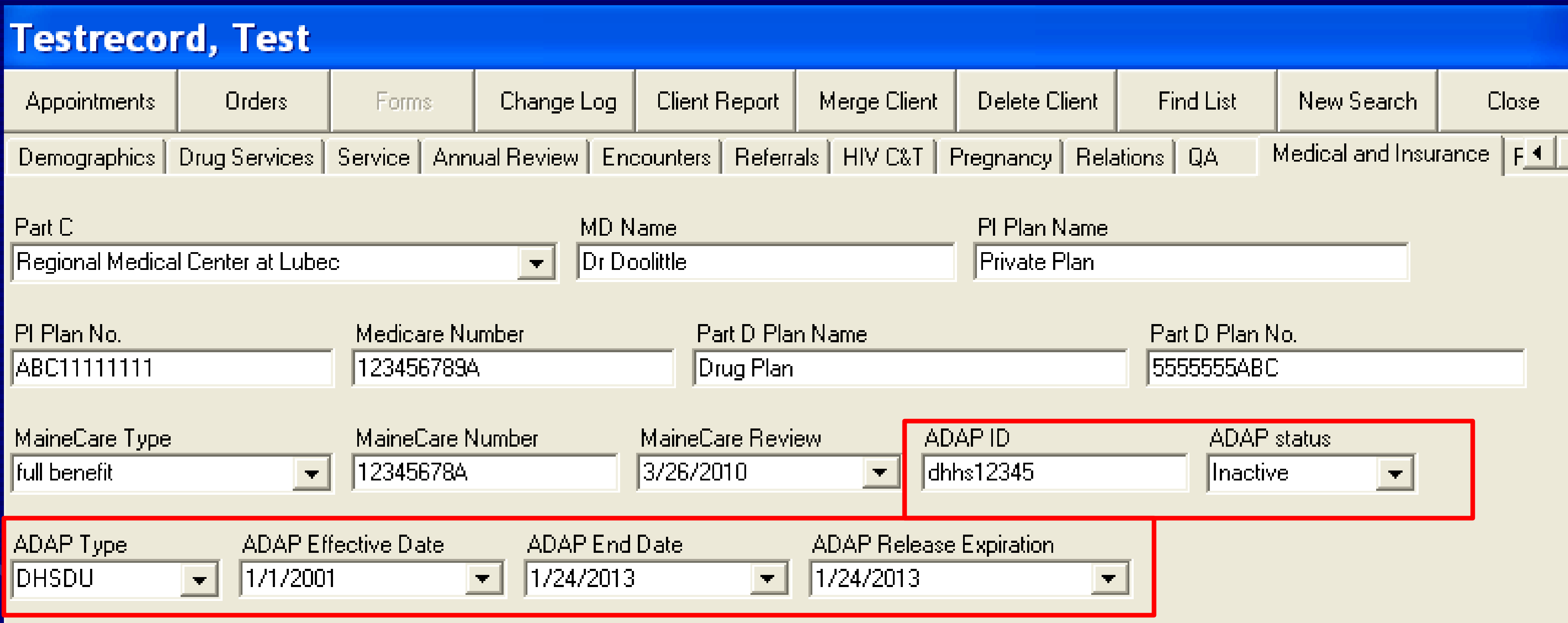


Medical & Insurance fields required for Part B reporting:

- **Part C**
- **MD Name**
- **All insurance information that applies**

- NOTE: All fields related to ADAP are to be updated by ADAP staff **ONLY**

Medical and Insurance tab



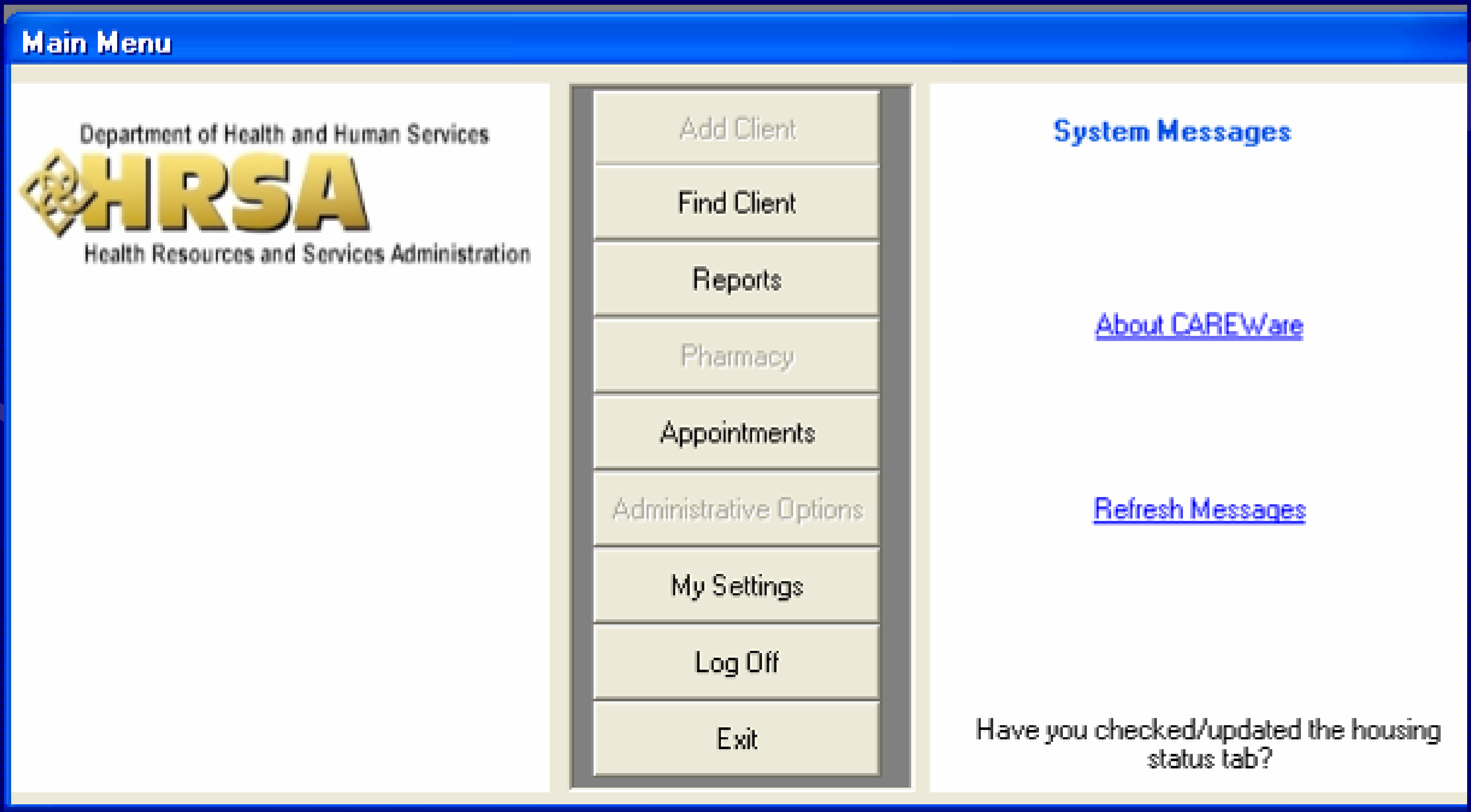
NEVER MAKE CHANGES TO ADAP FIELDS.

You may edit other information on this screen. If you notice anything incorrect in ADAP fields, contact ADAP to make the change. **If you make changes to ADAP fields, you may cause errors that could jeopardize a client's ability to receive meds!**

Logging Out

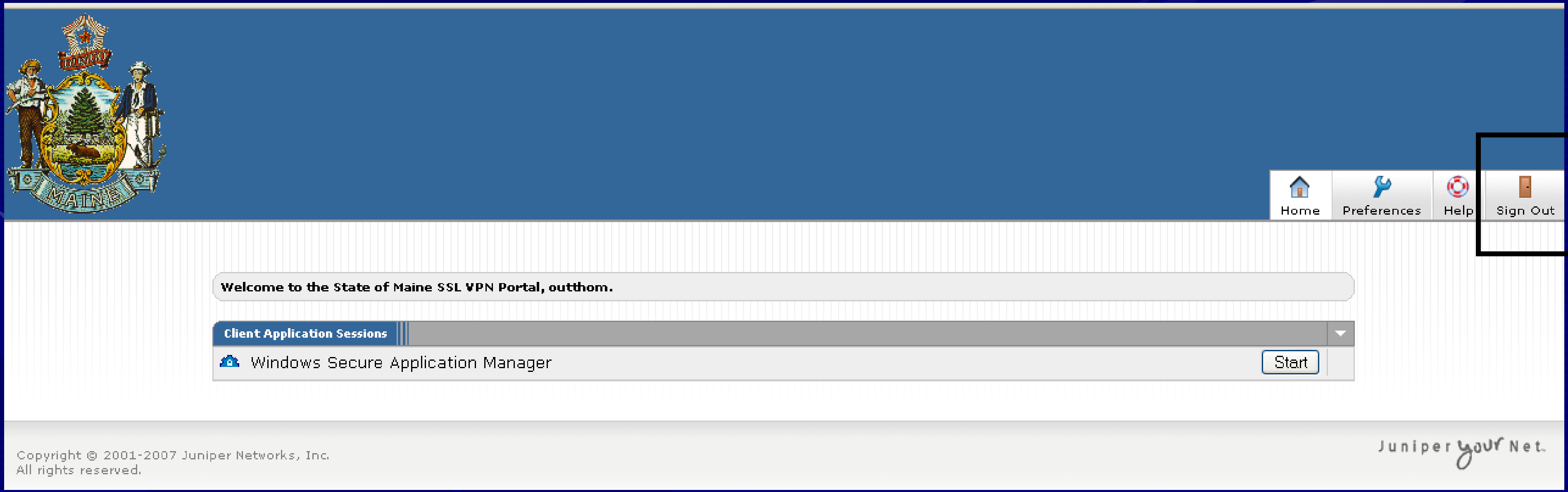
CAREWare

- Close the window you've been working in
- From the main menu, select "Exit"



State Server

- When you have finished using CAREWare, exit from the program by selecting Exit from the main menu.
- Maximize your web browser by selecting it from your task bar.
- Click “Sign Out” from the web page that appears.



- A message will appear telling you that your session has ended and to close your web browser.